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CRITICAL REMARKS

BY JOHN F. FARRER.

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PRACTICAL OBSERVATIONS
ON
CANCEROUS COMPLAINTS:

WITH AN ACCOUNT OF SOME

DISEASES

WHICH HAVE BEEN CONFOUNDED WITH THE

CANCER.

ALSO,

CRITICAL REMARKS

ON SOME OF THE

OPERATIONS

PERFORMED IN

CANCEROUS CASES.

By JOHN PEARSON,

SURGEON OF THE LOCK HOSPITAL AND ASYLUM;

AND OF THE PUBLIC DISPENSARY.

LECTURER ON THE PRINCIPLES AND PRACTICE
OF SURGERY IN LONDON.

Arcana necessitatis signorum diagnosticorum ij duntaxat agnoscunt, qui ad curationem morborum vel complicatorum, vel obscure procedentium, vel similitudinem cum aliis morbis habentium vocati, in tanta confusione statim haerent, et post molestas vexationes mentis, ab ea veritate longé distant, quam putabant jam habere pro comperto, unumque morbum pro alio curantes, catalogum morborum incurabilium in infinitum adaugent.

BAGLIVI.

LONDON:

PRINTED FOR THE AUTHOR:

AND SOLD BY J. JOHNSON, ST. PAUL'S CHURCH-YARD.

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(Price Two Shillings and Six-Pence.

Thomas Heate Esq

from the Author

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LONDON:

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(Price Two Shillings and Six Pence.)

TO
ROBERT WILLAN, M. D. F. A. S.

Physician of the Publick Dispensary;

AS A

TRIBUTE OF RESPECT TO HIS LEARNING AND
PROFESSIONAL ABILITIES:

AS A

TESTIMONY OF ESTEEM FOR HIS GENERAL CHARACTER:

AND AS AN

EXPRESSION OF REGARD FOR HIS FRIENDSHIP;

THIS LITTLE WORK

IS INSCRIBED,

BY HIS FRIEND AND COLLEAGUE,

THE AUTHOR.

GOLDEN-SQUARE,
DECEMBER 1, 1792.

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PREFACE.

HE who desires to prognosticate with fidelity the events of diseases, and who esteems it more honourable to administer relief, than to propagate subtle or ingenious speculations, must habituate himself early to a severe and exact scrutiny, into the origin, progress, and effects of morbid alterations. The discovery of a new medicine, and the invention or improvement of a surgical operation, may be justly regarded as important services done to society: but if the author of them neglect to describe with accuracy the diseases, which yield to his appropriate modes of treatment, the world will perhaps be deprived of the benefit which he intended to bestow. An unskilful application of the most admirable methods of cure, may injure the sick, and bring disgrace upon the inventor; and it may be ascribed to the confused method, or obscure brevity

brevity of writers, that many a valuable remedy hath been discarded, and perhaps irrecoverably lost. If we therefore would render the discoveries that have been, or may hereafter be made in the curative part of our profession, permanently useful; this desirable end will be most successfully promoted, by improving the history of diseases, and by delivering their diagnostick signs with distinctness and precision. The examination of morbid bodies with a view to investigate the seats and causes of diseases, hath indeed engaged much of the time and attention of many respectable men; and a considerable number of curious and important discoveries have been the result of their labours: but as the external signs, and characteristick symptoms of those morbid affections, have not been delivered to us with equal diligence and minuteness, the healing art hath derived less advantage than might have been expected from such pathological inquiries.

Modern surgery is undoubtedly enriched with many volumes of valuable cases and
observa-

observations, the intrinsick excellence of which cannot be disputed; but as long as these materials are permitted to continue in their original unconnected state, merely exhibiting to us detailed specimens of particular instances, their application to practice must be difficult and limited. Before such collections can produce their full effect, they must be arranged, generalised, and embodied into a regular structure; practical inferences must be carefully deduced from a sufficient number of well-authenticated facts; and it must be clearly ascertained, wherein the diseases there described agree, and wherein they differ from others that are remote in their nature, but not very widely dissimilar in their sensible phenomena. For although the narrative of a particular case, may present an accurate transcript from nature, it can pretend to no more than the merit of being the faithful copy of nature partially viewed in one individual; and may by no means exhibit an ample and correct view of the disease at large.

The animal body is a *whole*, in which several different systems are com-

bined together; each of these constituent parts, whether considered absolutely or relatively, is found to vary in different individuals, and to be susceptible of alteration in the same constitution at various periods; whence the application of the same cause, is not always succeeded by an uniform effect, nor do similar diseases constantly appear with the like modifications. Many local and temporary circumstances may likewise concur to change the form of a disease; and among these, the regimen and medicines that are administered, may have no inconsiderable share in diversifying the mode of its appearance, and the order of its symptoms. To render therefore the bulky and indistinct assemblage of materials we possess actively useful; it would be requisite to reject in histories of cases, that which is common to many; to exclude what is extraneous, and combine what is essential; to distinguish varieties from generick differences, and to detect correspondencies and legitimate analogies: by such an orderly procedure, we should in due time display a picture which might be improved,
but

PREFACE.

but could never be falsified by the subsequent appearances of nature.

While we remain unfurnished with authentick standards by which all observations may be examined, it ought not to excite any surprise, if the same name be assigned to two complaints, the histories of which are repugnant to each other; or if opposite modes of treatment be directed for diseases that bear a common appellation. To this want of discriminative principles it may be ascribed, that simple facts have been often perplexed by the subtilty of specious distinctions, and that the mind has been bewildered by the minute ramifications of genera and species: it may also be imputed to the same defect, that affinities have been so frequently discovered, and resemblances traced, where nature had impressed an incompatible disparity.

The clouded, ambiguous, undecisive state of the art of healing, hath been confessed and lamented in every age; it hath often furnished the gay with materials for wit, and infused into the more sober, scepticism

b or

or disgust. Many different causes have been assigned on various occasions, for the slow progress and imperfect condition of this important branch of natural science; but among the several impediments that have been mentioned, I do not recollect that the almost incommunicable nature of medical knowledge hath been noticed by any writer. The term incommunicable must here be understood in a qualified sense; not as implying that the science is in itself mysterious and inaccessible; but that the knowledge of the experienced practitioner must always be transmitted inadequately and with difficulty to the mind of the student. In describing the signatures of diseases, we are often obliged to express our ideas by terms that are not exactly adapted to the thing signified. The force and significancy of the words can only be fully comprehended, and distinctly conceived, by those who comparing the archetype with the symbol, may thus acquire the precise notions with which they are associated in the mind of the teacher. Besides, the information that we derive from examining many of the simple appearances of diseases, is of a peculiar

peculiar and limited nature; and the complex ideas which result from the combination of their concurrent symptoms being arbitrary notions, and mere creatures of the understanding; unless we could give perfect and real definitions, the writer or teacher cannot impart with distinctness, the perceptions and premises which constitute the basis of his conclusions. For as language is not rich enough to furnish words that will perfectly denote all the different shades of colour, though their dissimilitude is obvious when presented to the mind; so there is a species of practical knowledge, composed of simple ideas derived from observation, for which no competent terms have yet been contrived, and which no periphrasis can adequately describe.

When we therefore consider the vast number, and almost infinite variety of the forms of disease; the commixture of symptoms; their specifick and accidental differences; it will be clearly discerned, that as the student can acquire determinate ideas solely through the medium of his senses, so

he only can comprehend the information propounded by others, who compares the description with the reality of nature.

An over solicitude to specify the concordance of diseases, may likewise prove an accidental cause of inattention to their differences. The compilers of our synoptical tables seem to have directed their attention principally to that point; they have furnished us with scientifick arrangements of the names and common characters of diseases; but their nosological labours have terminated in framing mere vocabularies of nominal definitions. These specimens of ingenious classification may have their peculiar utility; but they contribute very partially towards promoting our progress, in acquiring a knowledge of the diagnostick signs of the various morbid affections.

The application of analogical reasoning to diseases, is a very nice and delicate undertaking; it requires much acuteness and sagacity, and lies not within the province of an ordinary observer. But in practice,
it

it is often of more importance to discern wherein complaints differ, than wherein they agree: and that sort of knowledge which might very properly enable a man to found classes, orders, genera and species, would be quite insufficient to conduct him to a rational and successful mode of treatment. While nosologists therefore are debating whether the Cancer ought to stand in the class of cachexiæ or locales; let us pursue a more interesting object, and endeavour to ascertain, by what signs the Cancer may be distinguished from all other diseases.

Every disease must have a specifick and limited nature, and possess its own peculiar characters: these essential properties may be generally detected, either in the form of its first appearance; or in the mode of its progress; in the order of its symptoms, or even in the manner of its termination: and although foreign and accidental circumstances may obscure and perplex the subject of inquiry, yet it may be presumed, that the task will never be found superior to the efforts
of

of patient industry. The mind of Sydenham was so forcibly impressed with a sense of the importance of that kind of knowledge which it is my present object to recommend, that he thought, if he had “a just history of any disease, he should never be at a loss to apply a suitable remedy to it.” But without presuming to defend or controvert the truth of this speculation, the more evident advantages that must accrue from such an acquisition, would be, that of restraining the imagination from wantonly obtruding its fancies among historical facts; and of enabling men of science and probity to act with promptness and decision. Such a history would also tend to repress the arrogance of those pretenders, who cure one disease instead of another; who practise their profession by chance, and gain reputation by their very mistakes.

The following pages are a commentary on part of the history of the Cancer, as it is given in a former publication¹; and may therefore be regarded as supplemental to

¹ Principles of Surgery, Chap. xi.

that little work. If the reader shall meet with any thing that may appear new, or contrary to the opinions that are commonly maintained; he is requested to receive such facts and observations, as materials contributed towards a farther inquiry. The author is not solicitous concerning the fate of any particular opinions; and he would be more gratified in seeing the history of Cancer corrected and perfected, though some of his own remarks might be rejected, than he would be in gaining reputation by the boldness of his conjectures, or the singularity of his theories ¹.

That the preceding observations are so imperfectly exemplified in the following pages, may perhaps be partly attributed to that scanty stock of materials which history could furnish; to the impossibility of collecting at the moment of need, suitable facts to elucidate difficulties, and disen-

¹ Quod ad me attinet, hypothesi eousque inhæreo, quousque video naturæ vestigiis adamussim respondere, à quibus si vel minimum recesserit, relicta hypothesi naturam sequor, optimam æmper ducem.

Baglivi Opera, Lib. 1. §. x. p. 133.

tangle perplexities; and to the necessity of attending on the slow and precarious operations of time and opportunity, instead of abridging inquiry by decisive experiments. But if these apologies shall be sternly rejected; the author presumes he may ask, who did ever execute a work according to that plan of perfection, which he had previously traced in his own mind?

OF CANCEROUS COMPLAINTS.

OF the many deviations from the natural state to which the human body is liable, there are some, which eventually prove so beneficial, ¹ that writers of great respectability have agreed to regard them rather as salutary efforts of nature for the preservation of the animal, than as morbid affections. ²

¹ Motus spontaneos atque molimina in aegris animadvertere licet, nec causae morbi, nec adhibitis quibusvis demum remediis adtribuenda, quæ tam aperte in salutem tendunt, ut data opera aptius excogitari aut felicius dirigi non potuisse videantur.

Instit. Pathologiæ Medicinalis, Gaubio, § 51.

² Morbis plurimum est id, per quod homines a morte, præservantur & salvantur, vel extraordinaria naturæ activitas vitalis, mediante qua, proximiores læsiones ipsa ita prosequitur, quo corpus pristinæ sanitati restituatur.

D. Mich. Alberti, Introduct. in Universam Medicinam, p. 109, § xv.

The Cancer is however a disease which triumphs alike over the powers of the constitution, and the virtues of medicines: it is productive of no advantage; it tends to no crisis; and if not interrupted by art, it will generally advance with a constant progression to the period of human life.¹ But although the frequency of this complaint hath afforded great opportunities for observation; and its importance hath always rendered it an object of serious attention: yet, the discriminative characters of the Scirrhus and Cancer from other diseases, have never yet been delivered with so much precision, as to enable the practitioner to decide upon every case with clearness and confidence². There are many diseases indeed, where doubt and suspense may be allowed,

¹ Mobilis Cancrī, ut unicum remedium est, tempeſtiva ſectio; ſic citra illam, inextricabilis error. Niſi enim præcidatur, præcidit vitæ filum.

Tulpii Obs. Lib. 1. Cap. 53.

² De fortes raisons pathologiques font croire qu'il faut diſtinguer pluſieurs eſpeces de ſquirrhes; toute tumeur dure & indolente n'eſt pas ſuſceptible de la terminaiſon en cancer, qui eſt une des caracteres du vrai ſquirrhe. C'eſt une matiere qui n'a pas encore été approfondie.

Louis, Aph. de Chirurgie. Tom. v. note p. 276.

without prejudice; but in this, they cannot long be permitted with impunity: mistakes in the Diagnosis must be attended with errors in practice, and an injudicious application of the name, may embitter life with needless apprehensions.

SECTION I.

GENERAL OBSERVATIONS ON THE CANCER.

AS parts of a very different structure are attacked with cancerous complaints, so the disease appears under various forms; it may be met with as a morbid induration; as a fleshy excrescence; as a wart; or an ulcer ¹. But as other diseases may exhibit similar phenomena, where there is nothing dangerous in their nature, nor difficult in their cure, it becomes a matter of serious inquiry, by what signs we shall decide upon the absence, or detect the presence of cancerous malignity ².

¹ *Varia diversaque sunt atrocis hujus mali initia, varius illius decursus. Oritur aliquando ex scirrho, aliquando ex verruca, aliquando ex levi papula.*

Richter. Obs. Chirurg. Fasciculus Tertius.

² *Quæ nascentis indolem declarent signa, desiderantur.*

Callisen.

A Scirrhus is usually defined to be,
 “ A hard, and almost insensible tumor,
 “ commonly situated in a glandular part,
 “ and accompanied with little or no dis-
 “ colouration of the surface of the skin ¹.”
 This description agrees with the true,
 or exquisite Scirrhus; but when it has
 proceeded from the indolent to the malig-
 nant state, the tumor is then “ unequal in
 “ its figure, it becomes painful, the skin ac-
 “ quires a purple or livid hue, and the
 “ cutaneous veins are often varicose.” Let
 us now examine whether this enumeration
 of symptoms, be sufficiently accurate for
 practical purposes.

SECTION II.

OF THE SEAT OF THE TRUE SCIRRHUS.

“ A Glandular part.” It is probable, that
 any Gland in the living body, may be the
 seat of a cancerous disease; but it appears

¹ Principles of Surgery, § 331. 343.

Platner. Instit. Chirurg. Juncker Conspect. Chirurg.

Heister's Surgery. Comment. in Aphorismos H. Boerhaave.
 G. Van Swieten, Tom. i. Prælect. Acad. H. Boerhaave,
 Ed. A. Haller, Tom. vi. p. 279.

more frequently as an idiopathick affection in those glands that form the several secretions, than in the absorbent glands: and of the secreting organs, those which separate fluids that are to be employed in the animal economy, suffer much oftener, than the glands which secern the excrementitious parts of the blood. Indeed, it may be doubted, whether an absorbent gland, be ever the primary seat of a true Scirrhus. Daily experience evinces, that these glands may suffer contamination from their connexion with a cancerous part; but under such circumstances, this morbid alteration being the effect of a disease in that neighbouring part, it ought to be regarded as a secondary or consequent affection. I never yet met with an unequivocal proof of a primary Scirrhus in an absorbent gland; and if a larger experience shall confirm this observation, and establish it as a general rule, it will afford material assistance in forming the Diagnosis of this disease. The general term Scirrhus, hath been applied with too little discrimination, to indurated tumors of the lymphatick glands.

When

When these appendages of the absorbent system enlarge in the early part of life, the disease is commonly treated as strumous: but as a similar alteration of these parts may, and often does occur at a more advanced period, there ought to be some very good reasons for ascribing malignity to one, rather than the other. In old people, the tumor is indeed often larger, more indurated, and less tractable than in children; but when the alteration *originated* in the lymphatick glands, it will very rarely be found to possess any thing cancerous in its nature.

SECTION III.

OF HARDNESS AND INSENSIBILITY AS CHARACTERISTICKS OF A SCIRRHUS.

IF every other morbid alteration in a part, were attended with pain and softness, then induration and defective sensibility might point out the presence of a Scirrhus. But this is so far from being the case, that even encysted tumors at their commencement, frequently excite the sensation of
impene-

impenetrable hardness. All Glands are contained in capsulæ not very elastick, so that almost every species of chronick enlargement of these bodies must be hard; hence this induration is rather owing to the structure of the part, than to the peculiar nature of the disease: and as glands in their healthy state are not endowed with much sensibility, every disease that gradually produces induration, will rather diminish than increase their perceptive powers. Induration and insensibility may therefore prove that the affected part does not labour under an acute disease; but these symptoms alone, can yield no certain information concerning the true nature of the morbid alteration. Those indolent affections of the glands that so frequently appear after the meridian of life, commonly manifest a hardness, and want of sensation, not inferior to that which accompanies a true Scirrhus; and yet these tumors will often admit of a cure by the same mode of treatment, which we find to be successful in Scrofula: and when they prove unconquerable by the powers of medicine, we generally see them
continue

continue stationary and innocent to the latest period of life. Writers have indeed said much about certain tumors changing their nature, and assuming a new character: but I strongly suspect, that the doctrine of the mutation of diseases into each other, stands upon a very uncertain foundation¹. Improper treatment may without doubt exasperate diseases, and render a complaint which appeared to be mild and tractable, dangerous or destructive; but to aggravate the symptoms, and to change the form of the disease, are things that ought not to be confounded. I do not affirm, that a breast which has been the seat of a mammary abscess, or a gland that has been affected by Scrofula, may not become cancerous; for they might have suffered from this disease, had no previous complaint existed; but these morbid alterations generate no greater propensity to the Cancer, than if the parts had always retained their natural condition. There is

¹ Prix de l'Academie de Chirurgie. Tom. III. p. 170.

Charmenton Essai sur les Ecouelles, p. 78.

Baglivi De Morborum Successionibus.

no necessary connexion between the Cancer and any other disease, nor has it ever been clearly proved, that one is convertible into the other.

SECTION IV.

OF TUMOR AS A CHARACTER OF SCIRRHUS.

CHIRURGICAL writers have generally enumerated *tumor* as an essential symptom of the Scirrhus; and it is very true, that this disease is often accompanied with an increase of bulk in the part affected. From long and careful observation I am however induced to think, that an addition to the quantity of matter, is rather an accidental, than a necessary consequence, of the presence of this peculiar affection. When the breast is the seat of a Scirrhus, the altered part is hard, perhaps unequal in its figure, and definite; but these symptoms are not always connected with an actual increase in the dimensions of the breast: On the contrary, the true Scirrhus is frequently accompanied with a contraction, and diminution of bulk,

a retraction of the nipple, and a puckered state of the skin^{*}.

The irritation produced by an indurated substance lying in the breast, will very often cause a determination of blood to that organ, and a consequent enlargement of it; but I consider this, as an inflammatory state of the surrounding parts, excited by the Scirrhus acting as a remote cause, and by no means essential to the original complaint. From the evident utility of topical blood-letting under these circumstances, a notion has prevailed, that the Scirrhus is an inflammatory disease: but the strongly marked dissimilarity of a Phlegmon and an exquisite Scirrhus, in their appearances, progress, and mode of termination, obliges me to dissent from that opinion. That one portion of the breast may be in a scirrhus state, while the other parts are in a state of inflammation, is agreeable to reason and experience; but that an

^{*} It is a well known fact, that a *Scirrhus* Liver is often considerably smaller than the same viscus in a healthy state; and I have extirpated Scirrhi that were making a swift and alarming progress, where the diseased breast has not been larger than the other,

inflam-

inflammation, which is an acute disease, and a Scirrhus, whose essential characters are almost directly the reverse of inflammation, shall be co-existent in the same part, is not a very intelligible proposition. Tumor and inflammation are accidental symptoms; they are commonly met with on a variety of other occasions, and in this particular instance they may be the effects of the disease, but are not essentially connected with its presence.

SECTION V.

OF COLOUR AS A CHARACTER OF A MALIGNANT SCIRRHUS.

AN incipient Scirrhus is seldom accompanied with a discolouration of the skin; and a dusky redness, purple, or even livid appearance of the surface, is commonly seen when there is a malignant Scirrhus¹. The presence or absence of colour, can however at the best afford us but a very precarious criterion of the true nature of the complaint: when the disease is clearly known,

¹ Principles of Surgery, § 343

an altered state of the skin may assist us in judging of the progress it has made; but as the skin may suffer similar variations in a number of very dissimilar diseases, it would be improper to found an opinion upon so delusive a phenomenon.

Chronic abscess
CASE I.

6130 I was consulted by a woman fifty years of age, on account of an indurated substance, of the bulk of a large walnut, situated in the superior part of her right breast. It was unequal in its figure, incompressibly hard, immoveable, and the surface of the skin that covered it was of a dark purple colour. She was not without uneasiness, but the pain was moderate, and her health was unaffected. I ordered her to take small doses of the *Hydrargyrus Muriatus* to which some *Extractum Cicutæ* was added; but no external applications were employed. In about two months, the hardness was considerably diminished, and I perceived the fluctuation of a fluid. The suppurated part was permitted to burst; a thin sanious fluid was evacuated, but the cavity was almost filled with a floughy substance;

stance, resembling corrupted cellular membrane¹. She was now directed to take the bark, and to live on a generous diet: the floughs were gradually removed, the sore granulated kindly, and was soon healed.

If to the signs of a malignant Scirrhus already recited, we add, inequality of figure; lancinating pain; a varicous state of the cutaneous veins; with edema of the contiguous parts; every Surgeon that has been much conversant with tumors must know, that these appearances are by no means peculiar to the malignant Scirrhus.

“ But although one or two of these phenomena may be insufficient to constitute a certain criterion of the nature of the disease; yet when they all concur, we shall certainly possess sufficient diagnosticks.”

This may be granted;—but as all these characters do not appear at the period when we

¹ The Scrotum is subject to a disease, whose progress and termination somewhat resemble that which I have now described. I have seen cases in which the body of the testicle was seemingly very much diseased, but where after the discharge of a considerable quantity of diseased cellular substance through an opening made in the Scrotum, the patient and his surgeon have had the satisfaction to find the testicle in a sound state.

are chiefly interested in deciding upon the true nature of the complaint, our knowledge may come too late ¹. If a positive opinion be delivered at a very early period, perhaps an unnecessary operation may be performed; and if we wait till a combination of symptoms dissipate all ambiguity, the opportunity of administering relief may be irretrievably gone.

The want of uniformity in the appearance and progress of Cancerous complaints, hath not been passed over without notice by practical Surgeons; but I believe it has not been explicitly brought forward, nor sufficiently insisted upon ². Among the various

¹ Discernere autem Cacoethes, quod curationem recipit, à carcinomate, quod non recipit, nemo scire potest, nisi tempore & experimento.

A Corn. Celsus. Lib. 5. c. 28.

² Richter has indeed just hinted at the want of discrimination of which we now complain: Tam diversa in progressu quoque morbi facies est, ut qui illum descripserunt Auctores, vix unum eundemque morbum descripsisse subinde videantur.

And after comparing the different accounts of success related by Monro and Hill, he thus concludes: Jure sane dixeris, de eodemque morbo hos viros loqui, dubitari fere posse.

Obs. Chirurg. Fascic. tertius.

Alii vero aliquando tumores sunt qui tum diutius, imo diutissime in mammis hærendo, tum notis nonnullis aliis naturam cancerorum æmulentur, nec tamen sint.

Morgagni: Epist. L. Art. 40.

publica-

publications upon this subject, many detached observations may indeed be collected, but they have never been combined and methodized; whence the history of the disease hath acquired little important addition since the days of Celsus and Galen.

Richard Wiseman, a Surgeon whose ability and integrity reflect honour on the profession, when treating of Cancers, notices one kind, where "their growth is flow, and "they are not very painful. These (says "he) "are called the milder sort, of which "I have had many under my care; and "some of these affecting the breast, I have "palliated a long time with easy remedies." These remarks are illustrated by the three following histories to which I beg leave to add a fourth, that occurred in my own practice.

CASE II. *

"Such was the case of a Lady that laboured many years of an ulcerated Cancer. "It had eat deep into her left breast, and

* Wiseman's Chirur, Treatises, Page 99

“ was fixed to the ribs, but was not with
 “ much pain. In progress of time the lips
 “ inverted, and united as it were and lay
 “ covered with a crusty scab: She lived long,
 “ and in her latter age tolerably healthful.”

CASE III.

“ Another person of great age hath laboured long of such another Cancer in
 “ her right breast. It lieth large and deep
 “ about the middle of it; the whole breast
 “ is hard and immoveable. She enjoys a
 “ good health, and likely to live long for
 “ any thing of disturbance she at present
 “ suffereth by it.”

CASE IV.

“ It is not long since that Dr. W. N. and
 “ myself were desired to look upon a Gentlewoman's breast. - We found a Tumor
 “ hard and fixed, which had been some years
 “ ulcerated, and was judged a Cancer by
 “ those who had before seen it; but it was
 “ not painful. We judged it a Scirrhus
 “ Cancer.”

CASE

CASE V.

A Gentlewoman between 30 and 40 years of age, the mother of several children, desired me to look at her breast, which had been in a diseased state for a considerable time. She had consulted Mr. Pott, who pronounced the disease to be a Cancer, and recommended her to submit to an operation; but his advice was not complied with. When I first visited her, the breast was of more than twice the natural size; it was uniformly enlarged, perfectly hard, and firmly attached to the surrounding parts. The surface of the skin was discoloured, and ulcerated in three or four different places: the circumference of each sore was nearly equal to that of a silver penny; they were deep, unequal, and generally discharged an inodorous, pale fluid: at intervals blood was discharged from them, but the hæmorrhage was never very considerable. She was at all times free from pain; the edges of the ulcers were smooth and even, and there was no enlargement of the cutaneous veins. Her health was now in a declining state, and

D she

she was gradually exhausted by hectic symptoms which supervened to the disease in her breast.

If the cases recorded by Wiseman were legitimate Cancers, then it may be fairly inferred, that pain and a bad state of health do not necessarily accompany an ulcerated Cancer; and that cancerous ulcers will heal spontaneously. From the history that I have recited we may likewise conclude, that the cancerous ulcer may be connected with symptoms as mild, and a progress as gentle, as the most simple ulcer: in short, that it may exist, without bearing any of the peculiar signatures which writers generally assign to the open Cancer¹. Such conclusions may indeed seem to be warranted by the premises; but I suspect, it would neither tend to the credit nor improvement of the profession to admit them; for although the two diseases considered as

¹ Cancer apertus.—Ora ulceris et proxima cutis tumida et dura scabraque fit, et colorem habet ex rubro subnigrum, ulcus continuatur et odoris fœditas indies augetur.—Acutissimus acerbissimusque dolor ægrum die nocteque fatigat.

Platner, Institut. Chirurg. §. 265.

Ger. Van Swieten. Commentaria in H. Boerhaave. Aphor.

ulcers may be comprehended in a common genus, yet in most of their sensible characters, they are specifically different.

SECTION V.

OF THE LOCALITY OF THE CANCER.

THE different and seemingly contrary opinions which have prevailed among surgeons, upon this important practical question, sufficiently evince the imperfect state of the History of Cancerous Diseases. Many ingenious conjectures have been proposed to the world, concerning the mode by which the Cancer contaminates; but I do not know that any author has favoured us with a series of legitimate proofs, sufficient to convince us that the Cancer is actually a contagious disease. This circumstance has indeed been generally assumed as a principle; but a proposition of such consequence, ought to be ratified by some better authority than that of vague assertion. Without presuming to offer a decided opinion, I shall propose the result of my observations in the following order,

1. OF THE INFECTIOUS POWER OF THE VAPOUR
ARISING FROM A CANCEROUS SORE.

PREVIOUSLY to offering my remarks on the matter of the Cancer, it is proper to observe, that some writers have asserted that the cancerous sore emits a morbid effluviū, which can produce the same disease in a sound person¹. Zacutus Lusitanus as a proof of this, adduces an instance where a poor woman with an ulcerated Cancer of the breast, transmitted the infection to three of her children, two of whom died of the disease, and the third was saved by an operation. Tulpius has treated those who doubt whether the Cancer be contagious, with great acrimony and contempt. After relating the dreadful history of a waiting-woman infected by her mistress; he mentions the

¹ Hunc autem affectum esse fomitem, et contactu contagiosum, ratio cum experientia suadet. Nam in parte cancro ulcerato affecta, fœtor adest veluti cadaveralis cum putrilagine multa &c. —ex qua, vapor gravis et sordidissimus elevatur, qui putredine sua, et virulentia vicinum corpus inquinat.

Zacut. Lusitan. Praxis. Histor. Lib. 1. obs. 124.

bad effects which the foetid halitus from a cancerous sore had produced upon himself: besides a remarkable depression of strength, his throat became so much ulcerated, that he was obliged to employ a pair of forceps to remove the sloughs from his *fauces*. From hence he also infers, that a cancerous ulcer can infect at a distance, as well as by contact ¹. It is probable that Dr. Harris likewise, when he recorded the case of Dr. Bellinger, intended to convey an opinion similar to that delivered by Tulpius, although he has not expressed himself in a manner equally explicit ².

The instances I have now adduced, appear to me very insufficient for the purpose of establishing so important a proposition as that before us. If we admit the facts, they are too few in number,

¹ Tulpius. Lib. 4. cap. ix.

² Et sic ex odore virulento Cancris exulcerati, quem pessimè expirabat uxor Cancer, nuper miserè periit Collega noster doctus Dominus Bellinger, cui post uxoris obitum usque ad suum interitum, semper in naribus permanabat, odor iste ingratus et exitialis.

Harris. Dissertat: Med. et Chir. p. 169,

and

and too imperfectly recorded, to justify us in drawing a general conclusion from them. The ulcers which Tulpus found in his throat were certainly not cancerous; nor does it appear that Dr. B. had any local symptoms, to the malignity of which his death could be attributed. The vapour emitted from a fetid cancerous ulcer, may produce violent effects upon the *sensorium commune* by its malignity¹; and exposure to offensive effluvia of a very different kind, may give impressions equally disagreeable and pernicious: from this circumstance alone therefore, we are not obliged to admit that the vapour from cancerous matter, has a power of producing a state of bad health peculiar to itself. Surgeons and their attendants, expose themselves almost every day to the noxious effects of cancerous sores with perfect impunity; from whence it

¹ Vide Principles of Surgery, § 64.

It does not appear that Mr. Gooch supposed the Cancer to be *infectious* in this way, although he is an advocate for the contaminating power of cancerous matter. “The stench (says he) proceeding from these ulcers is often very great, consequently noxious to the patient and attendants.”

Appendix. p. 169.

may

may be safely concluded, that the danger of infection is so small, as not to form an object of serious attention.

2. THE CONTAGIOUS QUALITY OF CANCEROUS MATTER WHEN APPLIED IN A FLUID STATE TO AN ABRADED SURFACE, OR TO ONE NATURALLY DEVOID OF THE COMMON CUTICLE, IS THE NEXT OBJECT OF CONSIDERATION ¹.

There are many circumstances that concur to render the decision of this question very difficult. A series of experiments might indeed speedily terminate our inquiries; but it may be presumed, that no man ever had, nor ever will have the unwarrantable temerity, to attempt the solution of this pathological doubt, by a method so repugnant to the laws of humanity. Our investigation of this point, must consequently be directed by such well authenticated facts, as have been collected in the ordinary course of practice.

¹ Contagiosum esse cancrum, plures observationes persuadent; id quod potissimum a fermentescente ejus indole dependet, quam à seroso-lymphatica, et chyloso-salivali materia nanciscitur.

Juncker. Conspect. Chirurg. Tab. L. p. 308.

Many writers have noticed the very acrid quality which cancerous matter possesses, but very few have attempted to bring any direct proofs of its contagious property. With what precise views Turner¹ and Gooch, have quoted the case of Mr. Smith, a surgeon of St. Thomas's Hospital, I will not determine: Dr. Harris, who recorded it, has not deduced any inference favourable to this, or any other opinion. We are only informed, that Mr. Smith had the curiosity to taste a drop of cancerous matter; and from that hour he was continually harrassed with a most abominable taste in his mouth, which resisted every method of relief: he gradually languished during a few months after the fatal experiment, and then fell a victim (as it was supposed) to this act of imprudence. This history may prove that Mr. S. was

¹ Surgery, Vol. 1. p. 84. Gooch's Appendix, p. 146.

This history is also mentioned by Beckett, who adds, "I confess when I received this account it did not a little surprise me, because I had several times had the curiosity to do the very same thing, at the hospital where that unfortunate gentleman made the experiment. I never found any remarkable sharpness in it, though it was always attended with a very unpleasant savour.

New Discoveries concerning Cancers, in a Letter to Charles Bernard, Esqr. p. 31.

poisoned

poisoned by tasting the matter of a cancerous sore, but certainly determines nothing respecting its contagious quality. Besides, I conceive that no great stress ought to be laid upon this solitary instance; for many unhappy patients will live a long time with a cancerous ulcer in the mouth, and yet never suffer in the peculiar manner that Mr. S. did¹. Mr. Gooch has recorded the history² of a cancerous disease, which came from drinking some liquor impregnated with the matter that issued from an ulcerated cancer. “ A child three years old, drank
 “ a little of the liquor which had washed an
 “ ulcerated Cancer upon the breast. About
 “ a fortnight after, an eating ulcer seized
 “ her tongue, and one side of her mouth;
 “ making dismal ravage of the cheek, on the
 “ outside as well as on the inside. This
 “ sore was cured with much difficulty by a
 “ Surgeon in London. *More than twenty*
 “ *years after*, the leaven shewed itself upon
 “ her thigh, where she had received a con-

¹ There must have been many instances of men having connection with women who were afflicted with Cancer of the Uterus; and yet there is not a single history upon record to prove that the disease is communicable in that way.

² Cases and Remarks in Surgery, p. 131. 2d Edition.

“ tusion by a fall, *some years before*; and
 “ an abscess was now forming near the bone
 “ towards the articulation of the hip, which
 “ was also cured with the utmost difficulty.
 “ Fifteen years after this, she first disco-
 “ vered a small schirrous knot in her breast,
 “ indolent and moveable;—in a few years
 “ it possessed the whole breast, and at last,
 “ the glands in the axilla likewise. The
 “ tumor remained in an occult state as
 “ long as she lived.”

It may be proper to remark on the pre-
 ceding narrative, that Mr. Gooch was not
 an eye-witness of the several circumstances
 recorded in it, but received the account
 from the lady herself, when she was about
 sixty years of age. The lady was too young
 at the time when the accident happened,
 to make any accurate observations; she
 must consequently have received the story
 from her relations: and what degree of
 probability there is, that she would be qua-
 lified after so long a period to relate mi-
 nutely the history of a disease, which she
 first obtained by oral communication,
 I would leave to the judicious reader
 to

to determine. The abscess which began to form at the hip-joint, more than twenty years after the ulcer of her cheek had been healed, can certainly prove nothing to the purpose. Any person may have a suppuration in a joint, after suffering a contusion, without the presence of "cancerous leaven" in the constitution. At about forty years of age she found "a small scirrhus knot in" her breast, which increased considerably "after the cessation of the menstrual discharge."—At this period of life, all writers agree, that women are most subject to be attacked by cancerous complaints; and the case occurs so frequently, that we have no need to have recourse to the slow and secret action of a supposed cancerous leaven for an explanation.

Mr. Gooch has also related the case of a lady*, who was afflicted with several ulcers of a cancerous nature in her tongue, mouth, and fauces, from inadvertently putting a pipe into her mouth, which her sister, who had a cancerous ulcer in her mouth, had just been using. This lady

* Gooch's Appendix, page 145.

communicated the disease to her husband; but the particular circumstances of his complaint are not related. Two years after the sores appeared, the lady having employed a variety of methods for relief, both in London and abroad to no purpose, she applied to Mr. Gooch; who gave her small doses of corrosive sublimate, in a decoction of the woods, with such advantage, that in about six months she was perfectly cured.

That this lady contracted the complaints above recited, by the contact of matter from a cancerous sore, may be readily admitted; but it will not follow from this concession, that the sores thus produced by cancerous matter, were certainly cancerous. Acrid matter, evacuated from the surface of any kind of sore, can produce exulceration; and it is probable, that the character of the newly formed ulcer will in this instance depend more upon its situation, and the previous state of the constitution, than upon the remote cause which produced it. There is a very material difference between virulence and contagion. The bite of a viper, or the sting of a scorpion, may poison a part

a part by the malignant qualities of the venom that is injected, without communicating a contagious disease; and the fluid taken from a pustule, or an ulcer, may erode a part by its chymical qualities, and yet the matter formed by this new sore, shall not possess properties similar to that which produced the ulceration. It is not therefore sufficient to assert, that the fluid of a cancerous sore occasioned an ulcer in a sound person; it ought to be demonstrated, that the ulcer thus produced was truly cancerous. Mr. Gooch indeed took this for granted. But when we are farther informed, that mercury exhibited internally, and applied externally, effectually cured these sores, I believe that every experienced surgeon will agree with me, that mercury is not a remedy against a Cancer¹. The

¹ Dans le nombre des différens remédes qu'on a employés pour corriger et détruire le virus cancéreux qui a infecté la masse des liqueurs, &c. le mercure n'a pas été oublié. Mais loin d'y trouver quelque soulagement à la maladie, on a vû le levain cancéreux acquérir de nouvelles forces, et les accidens s'accroître de plus en plus.

Mem. sur. le Cancer. Par M. Le Dran.

Memoires de L'Académie Royale de Chirurgie. Tom. III. p. 32.

— i mercuriali sono piuttosto nocivi, che utili per la cura del cancro.

Opere di Bertrandi, Tom. II. p. 178.

See also Rushworth's Letter to Beckett.

subject

subject before us relates to a question of fact; I am therefore aware, that to argue from my never having seen such a case, to its non-existence, would be an insupportable mode of reasoning: but where the disease so frequently occurs, the defect of positive proof, affords a strong presumption against the contagious quality of cancerous matter.

3. OF THE TENDENCY OF A CANCER TO INFECT THE GENERAL HABIT.

If it could be proved, that the whole habit were susceptible of contamination by the absorption of matter from a cancerous sore, in the same sense in which a venereal ulcer can produce its effects on the general system, this fact ought to make a considerable innovation in the mode of treatment. But if we may judge of men's opinions by their practice, it seems probable that the greater part of surgeons consider the Cancer as a local complaint; since they generally advise it to be removed, when its situation is favourable for an operation. It is also an indisputable fact, that the Cancer is often solitary; that it may remain in a
quiescent

quiescent state for many years; that a cancerous ulcer of the lip, or breast, may be removed at a remote period from its first appearance, and the patient never suffer from the disease in any other part of the body. It is possible indeed for the Cancer to exist in two different parts of the body at the same time; but the same thing may be said of any other ulcer. Whatever speculations may have been proposed to the world upon this subject, they have deservedly had little weight in practice; for it is only by faithful histories, and not by analogical reasonings, that the question before us can be determined with accuracy. I believe it is generally true, that those morbidiferous poisons which have a tendency to perpetuate themselves, taint the constitution more deeply, in proportion to the length of time they have acted upon it. But the comparative security from, or danger of a relapse, can by no means be estimated from the duration of a cancerous complaint'. The early extirpation of a Cancer, confers no peculiar security against the return of the

▪ Sharp's Critical Enquiry, &c. p. 108.

complaint; on the contrary, if the removal of the morbid part were equally complete in two patients, one of whom had been afflicted seven months, and the other seven years, with a Cancer, I should esteem the latter patient in less danger of a relapse than the former¹. My reason for an opinion which to some people may appear singular, is this: That when the breast, for example, is affected by the Cancer, distant parts of that gland may become the seat of the morbid alteration about the same period. These several diseased portions may not advance with an equal celerity, but while one portion has acquired a considerable bulk, the other altered parts may be scarcely objects of attention. Under such circumstances, the more obviously morbid parts

¹ Mr. Bell, who has taught a contrary doctrine, and imputes the want of success, to delaying the operation "too long, till the system has become infected"; expresses his opinion in the following extraordinary manner: "We ought therefore to have recourse to that operation in the earliest stages of the disease, when in general, there would not, probably, be much chance, of its frequently failing."

But when according to his hypothesis, "the system has become infected, we should rather wonder at the operation's succeeding so frequently, as it is even in the general course of practice found to do."

Bell on Ulcers, p. 310.

may

may be removed; but the disease being only in progression, no man can be certain without removing the whole breast, that he has not left some diseased fibres. If however the disease shall continue without increasing during several years, one may in general conclude, that its boundaries are more accurately defined.

The limits of a Cancer ought not therefore, to be determined by the application of reasonings founded upon the supposition of a virus circulating in the system; nor upon any notions of a specifick irritation^{*}; but they must be ascertained by a careful examination of all the contiguous parts. The morbid alteration is not always confined to the diseased part that may bear the name of Cancer; the primary induration or ulcer, may probably be no more than the centre of a circle, the circumference of which shall not be rendered determinate by any obvious external characters. An attention to this fact is of the utmost practical importance; and it may likewise suggest to us one reason, why

* Le Cat. Pouteau, &c.

we are so frequently obliged to lament our want of success after the excision of a cancerous part.

When the lip is the seat of a Cancer, the complete removal of the morbid part, is commonly a simple and easy operation, and the case has generally a happy issue. But when the breast is affected, as it is a more complex part, and has more extensive connexions, the success of an operation is less certain. The difference in the event may be partly accounted for, from the disease having often more centres than one; from our not being able to distinguish every morbid portion; and because it would be frequently thought cruel and unnecessary, to remove such a quantity of substance, as might insure success to the operation. When every altered fibre cannot be included within the incision, no operation ought to be attempted; but where the extent of the disease is clearly defined, the complete excision of the morbid part will seldom disappoint our expectations.

SECTION VI.

OF THE DELITESCENCE OF THE CANCER.

IT hath been commonly taught by the most respectable writers, that the Cancer is generally caused by, or at least that it is connected with a particular depravation of some of the humours ¹. Hence, some have supposed, that an open Cancer was a sort of outlet to the morbid matter; and that where the local affection has been extirpated and the wound completely healed, the virulent humour must either be deposited on some other part ², or that, by circulating through the blood-vessels, &c. it will produce some disorder in the general system. I have no design to engage in the particular dicussion

¹ Comment. in Aph. H. Boerhaave. §. 490.

A l'égard des tumeurs squirreuses qui se forment par le dépôt lent ou prompt de quelque humeur viciée qui faisoit auparavant des migraines, des fluxions, des rheumatismes, &c.

Le Dron Traité des Operations, p. 388.

Siebold. *Observ. Med. Chirurg. Casus* 5^{us}.

² Omnium autorum sententia, quod scilicet Cancer in aliqua parte avulsus, in altera progressu temporis suboriat. *Petri de Marchettis Observat. Medico Chirurgicarum*, Obs. 29.

of this pathological question at present : but without formally rejecting, or admitting the hypothesis, I shall state a few interesting facts, by way of inviting the attention of practitioners ; that this, like all other practical inquiries, may be decided by an ample and learned experience.

It may perhaps appear extraordinary to speak of the Cancer as a transitive disease, liable to wander from one part to another ; and yet this kind of doctrine is neither new, nor intirely unsupported¹. Richard Wiseman has hinted at this tendency to *metastasis* more than once ; I shall however, select but one case from his chirurgical works upon the present occasion.

CASE VI².

“ A LADY aged about fifty years, of a
 “ scorbutical and very ill habit of body,
 “ had also a painful gland in her left breast.”

¹ Aliis autem, sanato in mamilla cancro, oculis obvio, non multò post obortus in utero latens est, qui miserrimè patientes, usque ad interitum excruciauit.

Fab. Ab Aquapend. de Chirurg. Operat. p. 503.

² From Wiseman, p. 106.

By

By the means of leeches, fontanel, and some particular ointments, “ her pain was
 “ eased; yet being a melancholic person,
 “ she was not without suspicion of ill from
 “ it: but of late years, it lessened and re-
 “ solved. Some while after she complained
 “ of a pain in her back, and made bloody
 “ water, which growing more foul, she
 “ came to London. The physicians sus-
 “ pected an ulcer in her kidneys, treated
 “ her accordingly, and sent her to Tun-
 “ bridge, from whence she returned little
 “ the better. She retired into the country,
 “ and enjoys there a tolerable health. I
 “ suppose this disorder of her kidneys, is a
 “ translation of some of those sharp hu-
 “ mours which affected her breast.”

Case in 10th volume of the London Dispensary
 CASE VII.

A WOMAN of quality afflicted with a Cancer in her right breast, had the diseased part removed by an operation before it ulcerated. In about a year afterwards, she underwent a similar operation,

* From Van Swieten's Commentaries, &c. §. 493.

for a disease of the same kind in her left breast. Her health declined in a short time, and she was attacked with all the symptoms of a Cancer of the *uterus*; the excruciating pains which attended this complaint, at length put a period to her life.

CASE VIII¹.

A WOMAN who had a Cancer in her right breast of the bulk of a man's head, was put under a mercurial course, by which its magnitude was considerably reduced; but during the progress of her disease, she was attacked with a severe and fixed pain in the middle of the right *humerus*. On examining the arm after her death, the *periosteum* was found a little separated from the *os humeri*, at the particular point where she had complained of the pain, and a drop of thin watery fluid was underneath it; but there was no other sensible alteration. He then asks, Whether the cancerous virus, having been deposited upon this spot, had eroded it?

¹ From Sauvages.

and

and finally observes, that although this case be rarely seen, yet this instance is not to be regarded as a solitary one ¹.

Bertrandi was of opinion, that a cancerous breast seldom ought to be removed, when the axillary glands were in a diseased condition. He apprehended that the humour might be translated to some more important part, more especially to the joints, where he had frequently seen it produce a dreadful cancerous gout ². In three cases where the Cancer affected the breast, the women passed two or three years in good health, after the excision of the morbid part; but they were at length destroyed by a severe gout, attended with a contraction of the limbs. A fourth patient, from whose face

¹ Nosologia Method. Tom. 11. p. 27. Ostocopus Cancrosus.

² — e se si debba giungere sin sotto l'ascella per estirpare alcuna ghiandola, che vi fosse (quantunque di rado si debba fare, che in simile caso suol essere tanto univèrsale la cacochimia, che per lo più o l'ulcera rimane cancerosa anco dopo la più felice ester-pazione, o l'umore si getta sopra altra parte forse più importante, o, ciò che più volte io ho veduto, sopra tutti gli articoli, onde si produce un' artritide cancerosa crudelissima, la qual cosa io cre-derei dipendere dall' analogia degli umori albuminosi, i quali sono i principalmente guasti nella cacochimia cancerosa.)

Tratatto delle Operazioni di Chirurgia, Tomo 11. p. 291.

he extirpated a cancerous wart, continued well during three years; but at the end of that time she was seized with violent pains in the joints¹.

The late Dr. Fothergill, in his account of a “painful affection of the face²,” suggested an opinion, that this peculiar complaint, and many other cases of anomalous pains, might probably be connected with a cancerous disposition. In four cases of the painful affection of the face, Dr. F. found hard, permanent, and painful tumors in the breast; and in two of these instances, the tumors became less painful when the face was affected. In the course of my own practice, I have also met with some morbid appearances not very dissimilar from those I have now recited. I have known some patients who had tumors in their breast resembling scirrhi, complain of erratick pains, and symptoms very much resembling those of the irregular gout. In the cases that

¹ Opere di Ambr. Bertrandi, Tomo 11. Del Cancro, P. 167, 168.

² Medical Observations and Inquiries, Vol. v. Art. 14.

I have seen, the scirrhus did not appear under its malignant form; so that the diseased person seemed to be destroyed by the supervenient symptoms, and not by the progress of the original complaint. Sometimes the disease in the breast disappears spontaneously; and after a few months the person shall be tormented with violent pains in the head: at other times the stomach, the bowels, or the kidneys, will be the suffering parts. I have known a copious discharge of mucus from the bladder, attended with a pruritus, and an aphthous state of the labia pudendi supervene in the space of a few months, after a suspicious complaint in the breast had suddenly disappeared. I must decline attempting any induction from the preceding narrative of facts: they are too few in number, and not delineated with that minute exactness, which could alone justify us in forming general conclusions. When the combined experience of enlightened practitioners shall have enlarged the number of well authenticated particulars, we may perhaps be able to form principles of the most extensive

G utility.

utility. I would only beg leave to call the attention of the reader to the circumstance I have mentioned, of the spontaneous disappearance of tumors seemingly scirrhus; for this fact may assist us in forming a correct judgment of the merit of a variety of medicines, the efficacy of which is apparently supported by the most incontestible evidence.

SECTION VII.

OF PARTICULAR CANCEROUS COMPLAINTS.

1. CANCER OF THE BREAST.

THE Cancer perhaps more frequently occupies the breasts of women, than any other part of the body; but as this organ is liable to complaints of a nature much less dreadful, it is a matter of no inconsiderable importance, to form a just distinction between the Cancer, and those diseases which have some resemblance to it, yet are essentially different in their progress and termination^{*}.

1. The

* Il n'est pas surprenant que la plus grande partie des femmes, et même des filles, qui ont le malheur d'être attaquées d'un gonflement ou dureté des glandes du sein, quoiqu'elles ne soient

1. The whole breast will sometimes enlarge gradually and uniformly, till it arrive at a most enormous bulk : this preternatural accretion is not always attended with acute pain : but the patient usually complains of soreness, or tenderness, and her greatest inconvenience is derived from the weight and increase of its dimensions¹. I have known this disease accompanied with considerable heat and redness of the part, a painful sense of distension, and a symptomatical affection of the general system : sometimes the skin of the breast is not at all discoloured. This complaint may occur in unmarried women, as well as in those that have borne children, and does not appear to be necessarily connected with any particular state of the constitution.

Topical blood-letting, by leeches, or cupping-glasses, frequently applied to the

ni adherentes, ni accompagnées d'aucune douleur, ni de demangeaison, craignent que ce ne soit le prélude d'un cancer ; et sur cette pensée il y en a plusieurs qui se sont fait couper cette glande ou dureté, plus par précaution que par nécessité ; quoique de dix de ces glandes, une seule auroit pû n'avoir pas ce mauvais succes, &c.

La Motte. Traité de Chirurgie, Tom. III. p. 319.

¹ This disease has been noticed by Forestus, Sennertus, Ludovicus Mercatus, and others.

part, will generally give relief, and sometimes effect a perfect cure. It will be proper to exhibit a purgative medicine, once or twice a week, and to enjoin an abstemious course of diet; for without the strictest adherence to temperance, no remedies whatever will prove efficacious. It is sometimes necessary to remove the breast; not because there is danger of its becoming cancerous, but to deliver the patient from a cumbrous load, which renders motion inconvenient, and life irksome. When an operation is performed under these circumstances, there can be little reason to doubt that it will prove permanently successful.

2. The glandular substance of the breast is often the seat of a chronick inflammation. This disease is commonly distinguished by a hard, painful, moveable tumor, situated deeply in the breast; accompanied with a sense of heat, throbbing, and sometimes with darting pains through the centre of the diseased part. The skin generally retains its natural appearance in the early period of this complaint, but if it proceed to suppuration,

ration, the skin will then become red and tender. I have several times observed that this complaint attacks young women, without any assignable cause; I have only seen one instance where matter formed; and it is probable this mode of termination would not have happened, had she applied for assistance at an earlier period.

The most effectual mode of treating this complaint, when in a recent state, is to employ topical blood-letting, with the freedom that has been already recommended. The vegeto-mineral water must then be assiduously applied to the breast, until the orifices made by the leeches, or the slight incisions made by the scarificator be healed. We may then employ a stronger discutient, as the *ammonia muriata* dissolved in vinegar and water. The patient ought to take a purgative once or twice a week, and observe the strictest temperance. If the enlargement and induration shall continue after the pain is relieved, small doses of sublimate, or calomel, taken for a month or six weeks, will frequently complete the

the cure¹. It is customary with some practitioners to join the *extract. cicutæ* with calomel, but whether this medicine may contribute to dissipate the induration, and accelerate the cure, I shall not take upon me to determine.

3. The breast may be the seat of *scrophula*² in both sexes; but women are more frequently affected by it in this part than men. As this disease is often mild in its attack and slow in its progress, such equivocal symptoms may appear in the early stage, as may render it rather more difficult of discrimination from the malignant scirrhous, than either of the complaints that have been already described. I shall elucidate this remark by the following case:

¹ Eschenbach has related two cases, which yielded to a mode of treatment somewhat similar to that which I have recommended. He then adds, *Spurios mammarum scirrhos vocavi tumores in observationes narratos, quia formam scirrhii incipientis externam, aut potius sarcomatis in mamma oborti, et successive in scirrhum, tandemque in cancerum degenerantis, perfecte emulantur: ratione prognosis vero maximopere ab hisce morbis chirurgicis differunt, resolutione nimirum terminati semper, adeoque omni noxa timenda ulteriori expertes. Signum eorundem speciale, subitaneum constituit incrementum, quod occasione data, capiunt.*

Eschenbach. Observata Anat. Chirurgico-Medico Rariora, p. 258.

² Lud. Mercatus de Mulierum Affect. Lib. 1. c. xvii.

A married

Chronic induration 1836

CASE IX.

A married woman about thirty years of age, the mother of several children, consulted me on account of a diseased breast, which had been pronounced cancerous by a surgeon, from whom she had taken so much mercury, that when I first saw her, she had a plentiful ptyalism. I found the whole of the left breast hard, not much enlarged, and immovably fixed to the subjacent parts; she complained of darting pains through the morbid part; the skin had acquired a dusky red colour, and a thin sanies oozed from two or three small orifices. The glands in the axilla were enlarged and indurated, her pulse was quick, she was much emaciated, and seemed wasting under a hectic state. I gave it as my opinion, that the disease under which she laboured was not cancerous; that the mercurial course should be suspended, and that she should begin to take the *cinchona*, with other tonick remedies. A cataplasm made with the *farina lini* and milk was applied to the breast, and she was directed to

to adopt a generous course of diet. By pursuing this plan, with such occasional variations as the different circumstances suggested, she was perfectly cured in about two months.

In this case the whole breast seemed to be affected with scrophula; but more commonly, it is only partially affected, and the abscess is seated in the common integuments. There can be little danger I suppose, of mistaking scrophula for scirrhus, when only the integuments of the breast are altered; but when the glandular substance has suffered a morbid alteration, and more especially when the disease extends to the axilla, such an error is more easily committed.

1. I believe it will generally be found, that when the breast is affected by scrophula, the disease is more equally diffused at the commencement of the complaint: there is less hardness; the skin becomes discoloured at an early period; suppuration advances more quickly; and the ruptured part soon assumes the aspect of a scrophulous sore.

2. When

2. When the breast enlarges uniformly from the very beginning of the disease; when pain is excited by gentle preffure; and when there is preternatural heat of the part, with more or less general disorder of the system, the complaint has no tendency to terminate in a Cancer.

3. If there be one or more tumors in the substance of the breast, which have been accompanied with pain or tenderness from their first appearance; and if at the same time these tumors seem to consist of many smaller ones, there will be little reason to apprehend that they are of a scirrhus nature. I shall conclude this article, by adding a few observations on the extirpation of the Cancer from the breast.

When the nature of the complaint is clearly and evidently cancerous, the excision of the altered part is generally recommended; and under certain limitations, it is recommended with great propriety. But the precise period at which the operation ought to be performed is not quite so easily

H decided

decided upon. The argument for an early excision, founded upon the greater comparative facility with which a small tumor can be extirpated than a large one, is more specious than solid; for a tumor of one inch in diameter, will require as large an incision, as a tumor of twice that magnitude. The most weighty reason in favour of an early operation, is founded on a probability of danger that the disease may spread, and widely contaminate the surrounding parts. This argument has some foundation in truth; but is still perhaps rather popular than learned. Every man of reading knows, that a similar mode of reasoning was formerly employed in favour of the early removal of a mortified limb: but more accurate observations have at length demonstrated the propriety of deferring amputation, till there be a line of separation between the dead parts and the living. I have already shewn, that when even an incipient scirrhus is removed, no surgeon can be certain that he has removed the whole of the altered parts from that breast; consequently he is not sure that his patient

is

is secured from a relapse of the disease¹. It may be thought expedient to extirpate the breast, because it is painful, offensive, or ponderous; or because the health, or life may be endangered, by suffering it to remain; but with respect to security against a relapse as a plea for an early operation, I am of opinion, that the prospect of success will be necessarily very precarious, whenever a true scirrhus is removed during the period of its augmentation. In confirmation of this opinion, I would also urge, that when it has been thought proper to remove even a small scirrhus from the breast, it is not unusual for the operator to meet with little diseased substances like glands, in different parts of that organ, often at a distance from the principal seat of the disease; and that these indurated knots were probably never observed, till the internal substance of the breast was exposed to view by the operation.

¹ The difficulty of its cure proceeds from its uncertainty of being come at; because, when the operator thinks he has extirpated the whole, some distant unperceived glands, from the communication of their ducts with the former, have rendered the cure incomplete.

Freke's Art of Healing, p. 177.

From the frequency of such instances, I have ventured to conclude, that the larger scirrhus which was extirpated, is to be considered rather as the first in the order of appearance, than as the solitary effect of the disease; and that the morbid alteration may in reality be very extensive, and yet be scarcely obvious to the senses of the operator. If it be proposed to obviate this objection, by the removal of a large portion of the breast in every instance; then the reason for an early operation, founded upon the comparative smallness of the wound to be inflicted, must be entirely abandoned. Indeed, morbid alterations of a cancerous nature, will be often attended with such peculiarity of circumstances in different individuals, that it becomes difficult, and perhaps impossible, to form general rules of conduct, that admit of no exceptions. But from my own experience, I am persuaded that the more freely the substance of the breast is removed in every operation of this kind, the greater security will be conferred upon the patient.

2. *CANCEROUS TUMORS OF THE NECK.*

THE removal of scirrhus and cancerous glands from the neck, is an operation mentioned by a great number of writers on the operative part of surgery; and they generally intimate the danger of extirpation when the glands are deeply seated. However advisable, or even necessary such an operation may be sometimes esteemed, yet if we were to have no better guide than Heister in forming a Diagnosis, the excision of these tumors would frequently be practised very unnecessarily. “ You will be at no great “ difficulty (says he) in determining the “ case to be a scirrhus, when you discover “ a hard tumor on the external part, (where “ the glands are most frequent) and the “ tumor is intirely free from heat, redness “ and pain’.” It is obvious, that a vague description like this, may be applied not only to glandular tumors which appear in those who are past the meridian of life, but even to evident strumous affections in the necks of children. Indeed persons some-

* Heister's Surgery, Chap. xvi, p. 244.

what advanced in years, are not so liable to scrophulous complaints as those who are under the age of puberty; no period of life however is entirely exempted from them; for I have seen many well-marked cases after the age of forty, where such a variety of scrophulous symptoms have been combined, as to render the nature of the disease indisputable. The tumors that appear in these parts, whether behind the ear, under the jaw, or beneath the muscles of the neck, though very commonly free from a cancerous taint, yet do not readily give way to the usual methods of treatment. Dr. Akenside has recorded the good effects of sublimate, in what he calls "Scirrhus Swellings" of the neck¹; and I have often employed mercury, externally and internally, with great advantage: but from the very circumstance, that success followed the use of this mineral, I concluded that the tumors had nothing cancerous in their nature. I must acknowledge, however, that indolent tumors of these parts, have very often resisted every mode of treatment that has

¹ Medical Transactions, Vol. i. p. 72.

been

been employed; nevertheless they have remained during the life of the patient in a quiescent state, neither increasing in bulk nor sensibility.

I hope no person will suppose that I mean to deny that a cancerous disease is ever seen about the neck. I have seen the parotid glands in a cancerous state; and the submaxillary glands truly scirrhus, from a Cancer of the lip, of the tongue, and of the mouth. It is only my wish to impress the inexperienced practitioner with this interesting fact; that indolent tumors of the absorbent glands in these parts, are very seldom, (perhaps never) cancerous, nor seem to have a tendency to Cancer, when the disease is idiopathick. An operation may however be very proper when such a swelling has produced great deformity; when there is much obstruction to the action of the muscles; when respiration or deglutition is impeded; and where the large blood-vessels are much compressed. Under some of these circumstances, the extirpation of the tumor may not only seem expedient,
but

but be absolutely necessary; but where no very injurious effects are produced, a mere apprehension of the danger of Cancer, will very seldom constitute a legitimate reason for urging an operation, which is usually hazardous in the execution, and which is never without danger in its consequences.

3. OF THE SCIRRHOUS TESTICLE.

THE scirrhous does not always make its primary appearance in the body of the *testis*; for the epididymis, or even the spermatick chord may be the part first affected.

When this formidable disease has produced great inequality in the figure of the testicle, and incompressible hardness of its substance; when it is accompanied with shooting pains, extending from the diseased part to the loins, and constant increase of these pains from slight pressure; when the patient has hectic heats; when the pulse is quick; when the countenance is of a sallow leaden appearance; and especially when an ill-conditioned fungus has appeared externally; there can be little reason to

doubt of the nature of the complaint. But these well-marked characters only appear when the disease has attained to an advanced state of malignity; perhaps to a period when the surgeon's skill must be unavailable. We are therefore more particularly interested in the diagnosis of this complaint in its incipient state, while there may be some difficulty in distinguishing a true scirrhus of the part, from diseases less dangerous in their nature, and which require a very different mode of treatment.

1. The phlegmone testis, (improperly called *hernia humoralis*) cannot be easily mistaken at an early period for a scirrhus testicle, by any intelligent practitioner. A knowledge of the cause from whence it originated, and the presence of genuine inflammatory

* As a proof that the distinguishing marks of a schirrous testicle of the malignant kind are not always very obvious, I have selected the following passages from Mr. Pott's works, of whose great chirurgical abilities, none who knew him, ever entertained a reasonable doubt.

“ When the testicle becomes enlarged in size, hardened in texture, craggy and unequal in its surface, painful upon or after being handled, attended with irregular pains shooting up the groin toward the back, and this without any previous
I “ inflammation,

inflammatory symptoms, will be sufficient to demonstrate the nature of the complaint. But as a severe inflammation does frequently produce more or less of alteration in the structure of this gland, the testicle will often remain enlarged, unequal and tender, for a considerable time after the inflammation has disappeared; the epididymis may also continue large and indurated for many

“ inflammation, disease, or injury from external violence *, it is said to be affected with a scirrhus.” Vol. II. p. 397. Ed. 1790.

Let the reader compare the following appearances, with the symptoms of the scirrhus testicle delivered above.

“ Upon a mere sight of the part, I should have supposed the case to have been a scirrhus of the malignant kind; the testicle, or scrotum, was large, hard, unequal, of a deep red dusky colour, with distended veins, and so painful, that it could not bear the slightest touch; and the spermatic process was far from being in a natural or healthy state. The man complained of a constant pain in his back; the wound discharged a bloody, offensive gleet; and long pain, and want of rest, had given him a very diseased aspect.”—“ By phlebotomy, evacuations, anodynes, rest, a low regimen, and the general antiphlogistic method pursued vigorously, and long, he got a cure.”

Pott's Works, Case the XVI. Vol. II. p. 284.

* That the circumstances “ of previous inflammation, disease, or injury from external violence,” do not afford any certain information concerning the real nature of the complaint, may be fairly deduced from two cases of the cancerous testicle related by Mr. Pott; in one of which (Case XLII. p. 456. Vol. II.) there had been *previous inflammation*; and the cause of the other (Case XLV. p. 469.) was referred to a kick received from a child.

months.

months. Sometimes an imperfect suppuration of the testicle supervenes, attended with an enlargement of the spermatick chord, and with pain in the back: in this case, the abscess of the testicle has generally continued to evacuate a thin serous fluid for many months, without producing any farther inconvenience. In all the cases of this kind that have fallen under my observation, the health of the patient suffered no injury from the local disease; there was no regular progression of a morbid nature to be traced after the rupture of the abscess, but a series of mild symptoms presented themselves to the termination of the complaint.

2. The venereal sarcocoele has a much greater resemblance to the hydrocele, than to the scirrhus testicle. As far as I have observed, this complaint occurs most frequently in those cases of *lues venerea*, where there are tubercles, or venereal ulcers, upon the scrotum. The testicle is always considerably enlarged, and feels remarkably soft and puffy; its figure is not much altered; but the spermatick chord is generally thickened,

the patient complains of an obtuse pain extending to the loins. Sometimes it is accompanied with the scrotal anasarca, but this is not a constant appearance. This disease requires no particular mode of treatment, for it will gradually disappear, when the constitution is properly affected by mercury¹.

3. The testicle though a secretory organ, is liable to an alteration in its magnitude, texture, &c. not much unlike the change that scrophula induces upon the absorbent glands². This strumous affection may be seated either in the substance of the gland; in the epididymis; or in the spermatick chord. I have seen the disease propagated along the chord downwards to the testicle; but more commonly it ascends from the gland to the superior parts. The

¹ I sometimes order the part to be embrocated with equal quantities of the vegeto-mineral water, and camphorated spirit of wine.

² It appears that Wiseman was not without a suspicion that such a disease existed; for he says in his Treatise of the King's Evil: "The testicles and prostates may be liable, but I cannot instance in them; and it may be that we do the less acknowledge their being affected with this disease, because we are apt in all these cases to suspect another distemper." Book iv. Chap. iii. p. 251.

disease is frequently attended with mild symptoms at the beginning, and is slow in its progress: the patient complains of tenderness rather than of pain; and the uneasiness is seldom greater than what might be expected to arise from the increased weight of the depending part. The alteration in the health of the patient seems generally to be proportionate to the degree of pain, and of mental anxiety with which the first attack is attended.

The concurrent appearances that may assist us in distinguishing the scrophulous affection from the scirrhus of the testicle, are of this kind: viz. The testicle becomes more quickly and uniformly enlarged; there is little preternatural hardness; the pain is more obtuse; the scrotum is generally discoloured; and it bears a proper examination with less subsequent uneasiness. It must however be observed, that this disease does not always make its first attack in an uniform manner. When it invades the part suddenly, the testicle soon acquires a considerable increase of bulk; it becomes extremely painful;

ful; the scrotum commonly appears of a dusky red colour; and there is often a good deal of disorder in the general system. If these symptoms be not immediately attended to, and relieved, they will increase to a degree not much inferior to that which we meet with in the phlegmone testis, and they will also require a similar mode of treatment. The removal of the inflammatory symptoms is not certainly succeeded by any considerable diminution of the bulk of the part: and in those cases where the testicle is nearly reduced to its natural magnitude, it commonly remains somewhat flattened in its figure, hard, and tender, for a considerable length of time. This particular species of the disease is very liable to recur, after violent exercise, after acts of intemperance, or from undue exposure to cold and moisture. The usual consequences of these frequent relapses are, a suppuration in the substance of the testicle; an adhesion of the gland to some part of the scrotum; collections of matter will also appear in different parts of the connecting membrane; till at length the whole skin of the scrotum becomes
thoroughly

thoroughly diseased. I will now subjoin a history or two, by way of exemplifying the acute and chronick form, under which the scrophulous affection of the testis is frequently seen.

CASE X.

A middle-aged man of a delicate constitution, consulted me on account of a disease in one of his testicles. I found the gland very much enlarged, tense, and painful; the scrotum on the side affected was tender to the touch, and had acquired a deep red colour. He assured me that he was entirely free from venereal complaints, and that he had not received any external injury. I ordered him to lie in bed, and to adhere strictly to a low regimen. Leeches were applied to the part; cold poultices, made with bread and the vegeto-mineral water, were afterwards employed; and he took mercurial purgatives at proper intervals. By this mode of treatment, the severity of the symptoms was gradually diminished, and at the end of a month he was perfectly well. About three months afterwards, he sent for me on account of a second
attack,

attack of the complaint, which was much more severe than the first, and affected his general state of health considerably. He had frequent shiverings, a quick pulse, and a general increase of heat; now also he complained of darting pains shooting along his groin and extending to the loins, and there was a remarkable tenderness of the spermatic chord. I treated this complaint at the beginning, in the same manner as the former; and when the violence of the inflammatory stage abated, he was directed to take small doses of calomel every night; I also ordered *sul soda* and bark, &c. and applied a poultice of the fresh leaves of *cicuta* to the affected part. When he had persevered in this plan for a few months, his testicle was nearly reduced to its natural size; the chord was perfectly free from disease, and he was without pain; but the gland continued harder than usual, and irregular in its figure, for several months.

CASE XI.

A man about forty years of age came out of Lincolnshire to consult me on account

of a disease in his testicle, and a fistula lachrymalis in the corner of each eye. His testicle had become diseased very gradually; it was not much enlarged, but felt hard and irregular. The spermatick chord was also considerably thickened; but on examining it, he did not complain of much pain. He had been under the care of different practitioners in the country for more than two years, without obtaining any important advantage. The testicle had so much of the true scirrhus appearance, that I gave him little encouragement to expect a radical cure without an operation. But as I had good reason to believe that the fistula lachrymalis arose from a scrophulous taint in the habit, there was consequently some ground to hope that the disease of the testicle might arise from the same source. He was therefore ordered to take small doses of sublimate, and the extract of hemlock: he afterwards took calomel in small doses, and applied a poultice of hemlock to the scrotum. By the use of these and similar remedies, his health was perfectly restored in about six months.

As I am not treating professedly on scrophula at present, it would be deviating too

far from my plan to recite a greater number of cases; it will be sufficient therefore to observe, that a testicle may be enlarged, tender, incompressibly hard, and irregular in its figure; that there may be a considerable thickening of the spermatick chord, and a diseased state of the scrotum; yet that nevertheless, these morbid alterations may be connected with a state very different from a true scirrhus, and may probably admit of such effectual relief as to render the extirpation of the part perfectly unnecessary. When the order of symptoms enumerated above is present, it may be often difficult to decide upon the mode of treatment that ought to be adopted: for although the disease, not being cancerous, will not be attended with such imminent danger; yet the constant uneasiness arising from a diseased testicle, and the distress attending a series of suppurations in the scrotum, may, independently of other considerations, render the operation expedient. I am however inclined to believe, where the symptoms are stationary^{*}; where the pain is neither constant nor acute; where

^{*} There are *scirrhuses* which remain in an indolent state for many years, neither increasing in bulk nor producing any disorder:

where the part will bear gentle handling, without suffering an increase of the uneasiness; and especially where the health has received no material injury, it will always be advisable to give a fair trial to the mode of treatment above mentioned; or to any other mode that has been found successful in the reduction of indurated glands. If no sensible advantage accrue from these remedies, but if notwithstanding our endeavours, unequivocal signatures of an advancing cancerous state shall appear, it may be presumed, that no prudent surgeon will permit his patient to lose so much time, as to render the operation either improper or impracticable.

The disease which I have now described, is not confined to adults, but frequently at-

order:—on these accounts, I should think a *scirrhus* in such a situation, is to be left till an alteration of symptoms calls for our assistance.—The danger which may accrue from the mere residence of a *scirrhus* for a length of time, is not of itself a sufficient motive for castration. Indeed, for my own part, I am so far from judging unfavourably of a Cancer under this circumstance, that I think we cannot have better evidence of its locality, than the little injury it has already done to the constitution.

Sharp's Critical Enquiry, Chap. iii.

tacks the testicles of children; and there is too much reason to suspect, that what some chirurgical writers have described and removed as cancerous, were in reality strumous testicles. I will subjoin two cases to exemplify a form in which scrophula sometimes appears, which has not been distinctly noticed in any book I have yet perused.

C A S E XII.

I was desired to visit a little boy four years old, who, as it was supposed, had hurt his scrotum by riding on a rocking-horse. I found the right testicle very much enlarged, hard, and deviating from its natural figure; the scrotum was of a purple colour; he made little complaint of pain, except when the part was handled, or when it was suffered to hang down without a suspensory bandage. The spermatick chord was in a natural state. As no clear account could be given when he received the injury, I suspected that an accidental blow had rather led to a discovery of the present disease, than been the occasion of its first appearance. I treated it as a strumous affection;

affection; an imperfect suppuration took place at the inferior part of the scrotum; and in about six months the gland had nearly regained its proper figure and magnitude. Four years have since elapsed, and he continues perfectly well,

CASE XIII.

A delicate boy eight years old, was brought to the Public Dispensary, having diseased absorbent glands in different parts of his body; and both his elbow joints affected with white swellings, as they are usually called. Both his testicles were enlarged to a magnitude much beyond their natural size in the adult; they were hard, and irregular in their figure: the spermatick chords were at the same time considerably thickened. At the inferior and anterior part of the scrotum there was a large foul ulcer, with serrated edges, which exposed to view the greater part of each testis in its *tunica vaginalis*. This sore was so extremely irritable, that he suffered much pain from the mildest applications. I had no doubt about the nature of the complaint,

and therefore directed it to be treated as a case of scrophula. It is now above two years since I first saw him ; and in that time, one of the testicles has nearly regained its natural bulk and appearance ; the other is gradually becoming better ; the sore at the bottom of the scrotum is healed ; and the spermatick chords are free from disease.

Before I conclude this subject, I shall offer a remark or two relative to the excision of the testicle. When the testicle is clearly cancerous, we have no remedy to propose but one ; the removal of the diseased part¹. The proper mode of executing this operation is so well described by the modern surgeons, that I may be excused from repeating what is so generally understood. My observations shall be therefore confined to the propriety of saving a large

¹ I would therefore inculcate, that no scirrhus is so trivial, but that the operation may have a fatal consequence, and no Cancer is so malignant, but that the event may be successful. On these accounts, castration is never to be recommended without an urgent motive, nor to be despaired of, though in the last extremity of the disease.

Sharp's Critical Enquiry, p. 106.

portion of the scrotum; and to the method of securing the spermatick vessels.

1. It is seldom necessary to remove any part of the scrotum when the disease has not arrived at the ulcerated state. I have never seen the mere bulk of the part form a valid objection against leaving the whole of the integuments; for the scrotum will generally contract within very moderate dimensions¹. But where the skin adheres to the testicle; where it has undergone a morbid alteration; or when the person has formerly been punctured several times for a hydrocele; the integuments will be found in such an indurated state, that it will be generally prudent to remove the altered and callous parts. However, the removal even of a considerable portion of the diseased scrotum, will not necessarily prevent us from healing the wound by the first intention; for the skin of this part dilates so readily, that the lips of the wound can be easily detained in contact by employing a few ligatures.

¹ Monst. De la Faye was of a different opinion: Vide *Cours d'Operations de Chirurgie*, par M. Dionis, Ed. 4^{me}.

2. Of all the methods that have been devised for the suppression of hæmorrhage, the application of a ligature round the bleeding vessel is the least painful, and the most certain; and in the operation of which we are now speaking, it is the easiest and most expeditious method, to tie the whole spermatick chord. It has frequently been delivered as the opinion of very respectable surgeons, that the most dangerous consequences are to be apprehended, from including the spermatick chord in the ligature. Some have forbidden us to include the cremaster muscle; others have advised the separation of the nerve; and some have only directed us to avoid the *vas deferens*. Heister and other eminent surgeons, have declared the separation of the nerve from the blood-vessels, to be both unnecessary

▪ Le Dran. Traité des Operations de Chirurgie, p. 193.

Bromfield's Surgery, Vol. I. p. 166, 167.

Pott's Works, Vol. II. p. 440.

The use of the ligature is entirely omitted by Alix.—*Funiculo superimponebam splenia gradatim posita quæ pubis innitentia ope ligaturæ ad artis leges factæ sistendæ hæmorrhagiæ sufficiebant.*—*Ex hac observatione facile est videre, in amputatione testiculi ligaturam arteriæ non esse necessariam.*

Alix. Observata Chirurgica, Fasciculus I. p. 56.

and

and impracticable; and they who advise such a practice, are charged with being ignorant of anatomy¹. It is however probable, that in Mr. Bromfeild's method of securing the spermatic artery, the nerve may be generally avoided². I think this mode of proceeding is not entirely free from objection: for as the chord is divided at the beginning of the operation, it must be trusted to the fingers of an assistant till the diseased testicle be removed from the scrotum: but it has more than once happened, that the chord has retracted, so as to escape from the fingers of the assistant; and the operator has consequently found great difficulty in securing the vessels under such unfavourable circumstances. Mr. Pott has

¹ Heister's Surgery, p. 116. §. 5. p. 2. Ed. 1768.

Sharp's Critical Enquiry, p. 116. Ed. 4th.

Trattato delle Operazioni de Chirurgia. Di Ambrogio Bertrandi. Ed. 1763. p. 218.

² "The operator is to take hold of the spermatic chord with the finger and thumb of his left hand; then, on the discovery of the end of the spermatic artery, to pass the *tenaculum* through it, and gently drawing it out of its *theca*, he orders an assistant to pass a flattened ligature round the artery, and secure the noose properly. If the vein should bleed freely, the ligature should be repeated."

Bromfeild's *Chirurgical Observations*, V. 1. p. 337. *ib.* p. 336, 337.

L directed

directed us to tie the spermatick chord, after the operator has separated the *vas deferens* from the blood-vessels with his finger and thumb¹. When the spermatick chord is in a natural state, there will be little difficulty, or loss of time, in complying with this direction; but where it has been for some time diseased, the cellular membrane loses its mobility, so that the several parts are not easily separable: in such cases, it is of consequence to know whether the separation of the *vas deferens* be a part of the operation, which cannot be omitted without danger to the patient. It is the result of my experience hitherto, that no danger nor inconvenience whatever will ensue from including the *vas deferens* in the ligature: I am farther of opinion, that by following a contrary rule, the operation is made more complex, without being rendered either less painful or hazardous: and in this opinion I am supported by the authority of the most respectable writers on surgery².

¹ Vol. II. p. 440—443.

² Petit. Traité des Maladies Chirurgicales, Tome II. Chap. x. Art. 3.

Heister's Surgery, Part II. Chap. xxii.

Sharp's Critical Enquiry, Chap. iii.

Bertrandi. Op. di Chirurg. p. 218.

Some practitioners have thought it advisable to interpose a piece of lint, or some other soft substance between the ligature and the spermatick chord; and this was probably devised, either to prevent the waxed silk from cutting the vessels; or by thus increasing the lateral pressure, to render it unnecessary to draw the ligature so tight as to give much pain¹. When the spermatick artery is perfectly free from disease, and the chord is small and flexible, a very small degree of pressure thus applied, will no doubt be sufficient to prevent a hæmorrhage. But where the spermatick artery is much enlarged, and the chord has become unnaturally dense and elastick, a very gentle pressure will be insufficient to close the bleeding vessels; and if the ligature be drawn very tight, we shall in a great measure forego the advantages that were proposed. Among the reasons that have been offered against including the whole spermatick chord in the ligature, it has been urged; 1st. That the patient always suffers exquisite pain when the chord is tied; and 2dly. That severe inflamma-

¹ Petit. Heister. Bertrandi. &c.

tion, great disorder of the contents of the abdomen, and even alarming convulsions, are among the symptoms that supervene to this mode of treatment. I do not pretend to deny, that violent pain, and sometimes dangerous consequences have attended the usual way of tying the spermatick chord; but I would beg leave to suggest, that these consequences may probably depend less upon including the whole chord in the ligature, than upon tying it too gently. If we merely proposed to restrain the hæmorrhage from the divided spermatick artery, a very moderate degree of pressure would be sufficient; but as a nerve, a muscle, &c, are also to be included, there ought to be the farther intention of intercepting all communication between the brain and the part below the ligature: if a sufficient force be exerted to produce this effect, the vitality, and consequently the sensibility of that portion of the chord will be quickly destroyed. I therefore always draw the knot as tight as possible; and although the patient may complain at the moment; yet the pain very soon goes off; so that in no one instance where this method was followed,

have

have I ever known the least subsequent inconvenience¹. All imperfect and partial pressure, must necessarily be followed by the alarming symptoms which different practitioners have recorded². It would therefore be much better not to tie the chord at all, than to fail of drawing the ligature to such a degree of tightness, as immediately to kill the included part; and this additional reason for the observation may likewise be subjoined, that when the knot is left comparatively loose, the separation will not be completed as soon, as when the life of the parts that are compressed by it is instantly destroyed. When the chord is found at any time so dense and elastick, that the ligature applied in the usual way, proves insufficient to restrain the hæmorrhage, we are advised to carry a needle with a double ligature through the middle of the chord, and tie it on both sides; this method will

¹ It will be proper to make only a single knot upon the chord, without drawing it to its utmost degree of tightness, till after the complete separation of the testicle; for as the vessels between the ligature and the incised part are emptied by the division of the chord, the ligature may fail of making a due stricture upon the included parts, if this precaution be neglected.

² Bromfield's Surgery, Vol. I. p. 167, 168, &c.

Gooch's Chirurg. Obs. Vol. II.

certainly

certainly be effectual, but the operator ought to be careful lest he puncture the artery, when he passes the needle into the spermatick chord¹.

SECTION VIII.

GENERAL OBSERVATIONS ON THE CANCEROUS ULCER.

“ A CANCEROUS ulcer is attended with a constant sense of ardent pain; it is irregular in its figure, and commonly presents an unequal surface; it discharges a sordid, sanious, and fetid matter: the edges of the sore are thick, indurated, and often exquisitely painful; they are sometimes inverted, at other times re-torted, and often exhibit a serrated appearance. The ulcer in its progress is frequently attended with hæmorrhages in consequence of the erosion of blood-vessels².”

When a malignant scirrhus hath proceeded to the period of ulceration, and a

¹ Sharp's Critical Enquiry, p. 118.

Bertrandi Oper. di Chirurg. p. 219.

² Principles of Surgery, §. cccxlv.

sore is produced, exhibiting the characters delivered above, there will be little hazard of a mistake in calling it a cancerous ulcer. But, when an ulcer assuming a carcinomatous appearance, cannot be traced from any previous scirrhus affection in the substance of the part; nor yet appears to be derived from any verrucose or fungous excrescence upon the surface; we find more difficulty in determining upon the true nature of this sore. There is no pathognomonic sign of an open Cancer: nor is there any individual symptom attendant on this ulcer, which may not frequently be observed in other painful and ill-conditioned sores². The indurated and jagged edges, the foul and unequal surface, the ardent pain, the fetid, ichorous, or sanious discharge, not uncommonly present themselves in ulcers that are connected with

¹ Quidnam quæso itaque est Cancer? Quomodo Cancer ab aliis ulceribus mali moris dignoscitur? Ego quidem me nescire ingenue fateor, nescire se alii quoque viri probi fatentur.

Richter, Obs. Chirurg. Fascic. 3.
² Ad cancrum referendi, aut certi cancro subjungendi sunt tumores seu ulcera, quæ vulgo noli me tangere et Lupum nominant.—Menardus, Lupum et noli me tangere ad Phagadænas refert.

Sennertus. Lib. v. Cap. xx.

very dissimilar morbid depravations in the constitution; so that a knowledge of these general effects cannot always authorise us to assign their specifick causes, nor secure us from delivering a fortuitous opinion¹. It is also an important fact, that where there has been no diversity in the cause, the structure of the part affected will be productive of considerable variety in the modifications of the ulcer; hence, when it is situated on some particular parts of the skin; on a secreting membrane, or in the substance of a gland, so many accidental differences must occur, that a bare inspection of the sore will seldom enable the practitioner to form an exact judgment of its nature².

¹ Nil probat acerbus ille dolor, canceri comes molestissimus frequentissimusque: quis enim alia quoque ulcera vehementer non raro dolere nescit? Neque virulenta illa acrimonia et intolerabilis effluentis ichoris fœtor signum canceri est, pessime enim alia quoque ulcera non raro fœtent, acerrimamque sæpe plorant saniem:—Nil quoque certi indicant labia ulceris cancroso dura callosa, retorta, non raro enim illa habent alia etiam ulcera, neque semper habet Cancer, &c.

Richter. Obs. Chirurg.

² Ulcus aliquod cancrosum esse, inde non omnino concludi potest, quod in parte glandulosa sit, sæpissime enim in partibus, quæ glandulosæ non sunt, pessimi occurrunt canceri, sæpissime in partibus, quæ glandulosæ sunt, occurrunt ulcera optimæ indolis.

Richter. Obs. Chir. Fascic 3.

If the original symptoms, and succeeding phenomena, of the various ulcers which arise spontaneously, were to be noted with minute attention, it is more than probable that some peculiarities might be found, especially in the primary stage of them, which would afford us material assistance in distinguishing the several species from each other. A few instances will sufficiently illustrate my meaning. An alteration in the colour and sensibility of the surface of the skin, commonly precede the appearance of a simple ulcer. A fistulous ulcer may be generally traced from an abscess: scrophulous ulcers of the skin are very frequently derived from a tubercle situated in the cellular membrane. A primary venereal ulcer, appears in its first state, in the form of a little vesicle; while the secondary ulcer frequently originates from a squamous tubercle, or a purulent pustule: finally, a cancerous ulcer usually takes its rise from a scirrhus; or from a warty excrescence. Now, if it should be confirmed by an ample experience, that nature observes an uniform order and method in producing every particular species

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of

of ulceration; and if we could be so fortunate as to detect these various natural processes; an acquaintance with the previous series of symptoms, would then very often furnish us with the means of discriminating ulcers of an ambiguous character from each other. I am induced from my own experience, to suspect that a cancerous ulcer is always preceded by one of the morbid alterations already mentioned; and that during its open state, the parts immediately surrounding it are in a scirrhus condition. It has likewise appeared probable to me, that the mode in which a cancerous ulcer destroys new parts, is more analogous to the process of gangrene, than to that of a common ulceration: for the depth and circumference of a cancerous sore, are increased by the successive exfoliations of sloughs from different parts of its surface; whereas in a simple ulcer, the parts are broken down by successive suppurations.

From the analysis which Dr. Astruc made of a large cancerous breast; and from the

¹ Je pris une mammelle chancreuse que j'avois fait abbatre, pesant environ sept livres, & après l'avoir coupée en morceaux, je

the late experiments made by Dr. Crawford ' on cancerous matter, it does not appear that either the morbid substance, or the discharge, yielded a product materially different from that which may be obtained by the chymical examination of recently dead animal matter, and of that which has acquired a putrid taint. Neither is there any thing so peculiar in the odour or other sensible qualities of cancerous matter, that the true nature of the ulcer can be ascertained by an attention to these phenomena. It is probable, that one cause of the obscurity attending the diagnosis of a cancerous ulcer, may be referred to a prevailing notion which has some how or other gained credit in the world, that venereal ulcers and scrophulous sores may

je l'exposai à la distillation dans une cornue au bain de sable. Je ramassai avec soin tous les principes que la distillation me donna, de même que le sel fixe que je retirai du *caput mortuum* par la voie ordinaire. Je pris ensuite le même poids de tranche de boeuf, que j'exposai à une distillation semblable.—Je comparai exactement ces différens principes, sur-tout les sels, tant volatiles que fixes. La quantité en étoit à-peu-près égale, et la qualité me parut absolument la même dans toutes les épreuves que je fis, &c.

Traité des Tumeurs, Tom. II. p. 70,

Philosoph. Transactions, Vol. LXXX. part. 2.

M 2 degenerate

degenerate into a Cancer. This hypothesis seems to imply, if any precise meaning be annexed to the terms of it, that the sores in question may progressively acquire a degree of malignancy, even sufficient to destroy their original character; and by superinducing a new nature, transmute them into cancerous ulcers. I must however take leave to suggest, that the doctrine of such a metamorphosis as is here presumed, ought not to be admitted without legitimate evidence; and I suspect that no argument in favour of it can be drawn from observation and actual experience; for among the many thousands of scrophulous and venereal cases that I have attended in publick and private practice, not a single instance of such a change has ever occurred to me. The result of my reading and observation has farther inclined me to adopt the opinion, that a Cancer is always an original disease, and that it never appears as the sequel of any morbid affection whatever.

Before I conclude these general observations, it may be proper to make a few remarks

marks on a particular species of ulcer, which has been frequently mistaken for a cancerous sore, but which I consider as a genuine effect of the elephantiasis.

The ancient writers, when treating of the leprosy, commonly described the elephantiasis as that form of the disease, in which the body was universally affected. Galen¹, and the chief of the Arabian writers, assigned the atra-bilis as a cause common to this complaint and to the Cancer; they taught, that when the atra-bilis was deposited upon any single part, it produced a Cancer; but when it was diffused through the whole system, it produced the elephantiasis. From these premises, Peccettius², a faithful adherent to the doctrine of Galen, has very consistently inferred, that the two diseases are essentially the same in their nature, and that they differ only in degree. Nevertheless, on comparing the description of

¹ De Arte Curatiya ad Glauc. Lib. 1. cap. 10.

De Symptomatum Causis, Lib. 1. cap. 2.

Avicenna, Lib. IV. Fen. 3. Tract. III. Cap. 1. De Lepa.

² Chirurgia F. Peccettii, p. 148.

See also Amat. Lusitani, Centur. II. p. 182. Cent. III.

the elephantiasis given by Celsus¹, Aretæus², Paulus³, Pliny⁴, and other ancient writers, with the modern histories, as delivered by Dr. Thomas Heberden⁵, Sign^r. Villot, professor of surgery in the city of Aosta⁶, and others; it will be sufficiently evident, that this disease is not essentially an universal affection; but on the contrary, that it is often confined to particular parts of the face, as the nose, forehead, or upper lip: that it may affect one or more of the joints; and that it may appear upon the fingers or toes, while the rest of the body shall be apparently uncontaminated. The elephantiasis has also a regular progression from the local to the general state; and if we are seldom witnesses to its most dreadful symptoms, this may be probably owing to its appearing with less severity in this part

¹ Lib. III. Cap. xxv. De Elephantia.

² De Causis et Signis Acut. Morb. Lib. i. Cap. xiii.

³ Lib. iv. Cap. i. De Elephantia.

⁴ Lib. xxvi. Cap. i. The *mentagra* as described by Pliny in the same chapter, bears some resemblance to the elephantiasis, but differs from it in the mode by which it was communicated to others.

⁵ Medical Transactions, Vol. i. Med. Obs. & Inquir. Vol. i.

⁶ Opere di Bertrandi, Tom. iv. della Lebbra. Supplemento, p. 162.

of Europe, than it was wont to do in Egypt, Syria, and Greece¹.

When the part affected with this form of the leprosy is in a state of ulceration, the sore bears a very remarkable resemblance to the Cancer, both in its aspect, and destructive progress: yet as it differs very materially in many other circumstances, it is extraordinary that the two complaints should have been so frequently confounded. In the greater number of cases of the elephantiasis that I have seen, the disease has first appeared upon the forehead, about the eyebrows, on the *alæ nasi*, and the upper lip, in the form of small brownish pustules,

¹ It may perhaps be thought strange that I should speak of the elephantiasis as a complaint occurring in this kingdom, since it is generally believed, that this disease has wholly disappeared throughout Europe for many ages. It is certain, however, that a disease presents itself here, which in all its symptoms, in its progress and termination, so exactly coincides with the elephantiasis described by the Greek physicians, that it cannot properly be ranked under any other title. I have met with a few instances of such a complaint in my own practice; some other cases I have seen along with my learned friend and colleague Dr. Willan; from whom I hope the world will receive a more enlarged and particular account of this complaint in his work on Cutaneous Diseases, a subject on which he has bestowed uncommon attention for many years.

which

which becoming confluent, began to discharge a little ichorous fluid, and quickly went on to ulceration. This ulcer penetrated deeply into the substance of the part, and frequently destroyed not the soft parts only, but the cartilages and thin spongy bones that were in the course of its progress; it spread slowly, was accompanied with little uneasiness; the surface of the sore had a peculiar granulated, or rather raspberry-like appearance; there was a remarkable thickening of the surrounding parts, and a peculiar red shining appearance upon their surface. When a secreting surface, as the membrane that invests the tonsils, posterior part of the fauces, &c. is attacked by this disease, the ulcer exactly resembles that which is produced by the venereal poison; but spreads with inferior rapidity, and is attended with less pain¹. I have also observed, that whereas cancerous ulcers were always exasperated by the administration of mercury, these sores were never injured, but have sometimes

¹ In a few instances, where there were other symptoms of the leprosy present, I have met with ulcers on the tongue, very much resembling those produced by the elephantiasis, and which yielded to the remedies usually employed in that disease.

been relieved by the moderate use of it; so on the other hand, while mercury is a certain remedy for venereal ulcers, these leprous sores will never yield to mercury alone. When the elephantiasis appears thus as a local complaint, the health does not seem to suffer from its presence: and what is not a little extraordinary, we may discern in the same ulcer, the destructive powers of the Cancer, combined with the indolence of scrophula.

1. OF THE CANCER OF THE LIP, &c.

THE cancerous ulcer affecting the lip, may be sometimes derived from a wart, but more commonly it is preceded by a scirrhus alteration of the part; so that the gradual progression of this disease from its mildest to its most malignant state, may frequently be traced with sufficient accuracy. I suspect, that fissures of the lip are not so often of a cancerous nature as many writers would persuade us; for this particular complaint frequently occurs in scrophulous habits after the age of puberty; and although it may continue during some

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years,

years, and be attended with induration, and pain, with an ichorous discharge, and an enlargement of the submaxillary glands, yet I never met with a single instance in which it did not yield to the remedies that are usually employed in strumous cases¹. Indeed, it is so very unusual to see young people the subjects of cancerous complaints, that in those instances where the evidence is not absolutely clear, this period of life will always be a presumptive argument in their favour².

The

¹ Gerard Blasius, has given an account of two calculi, that were found in a cancerous lip.

Obs. Medicæ. Par. VI. Obs. 15.

But the diagnosis of Cancer was in too imperfect a state, at the period in which he lived, to allow much dependance to be placed upon this single observation. See also the *Observations of Job à Meekren, and Stalpart Van Der Wiel.*

² Sane hi morbi ante pubertatem non enascuntur,—Cancer nisi congenitus, leuce non innata, hæmorrhoids, &c. De quibus morbis ante pubertatem futuris, non est verendum.

Lud. Duret. Com. in Coacas. Hippocr. p 432.

Je n'ai point vu de Cancer dans l'enfance, & dans la première jeunesse. Ils sont fort rares avant l'âge de trente ans & peu commune avant celui de quarante.

Ouvres Posthumes. De M. Pouteau, Tom. I. p. 124.

I do not know that young people are absolutely exempted from cancerous diseases. Mr. Hayes, in the second volume of the *Medical Observations and Inquiries*, has given the case of a child afflicted

The upper lip is very rarely attacked by the Cancer; and yet this part is subject to a disease so much resembling the cancerous ulcer, in its appearance and destructive powers, that a superficial observer might be easily misled. The ulceration of the upper lip is sometimes a symptom of the elephantiasis; in this case, the disease is slow in its progress and is attended with little pain, or fetor, but it gradually destroys the whole substance of the lip. I have several times met with a similar appearance, in those who have laboured under the secondary symptoms of the *lues venerea*. The venereal sore is attended with pain, spreads as quickly as the Cancer, and possesses every sensible character of that ulcer; so that it can only be distinguished, by its combination with other venereal symptoms, and by immediately yielding to a course of mercury'. Now,

lues venerea N 2. since

afflicted with cancer in the eyes. But as some calcareous matter was found in one eye, I think it may be doubted whether the disease were truly cancerous. This doubt is however suggested merely by way of inquiry, and with all proper deference to the opinion of those respectable surgeons who examined the morbid parts. See also *Goach's Cases*, Vol. II.

1. Forestus appears to have been acquainted with this circumstance. *Juvenis quidam annos 18 natus, lue gallica infectus,*
præter

since it is certain that the lips may be affected with tubercles, fissures, and ill-conditioned ulcers, in those who are diseased with struma, elephantiasis, and lues venerea; and as the upper lip seldom suffers from the Cancer, it will be always prudent to take some pains to ascertain the real nature of the complaint, and to employ some of the usual modes of treatment, before determining upon the excision of the part. When the disease is truly cancerous, the complete removal of the morbid part can alone be proposed for the security of the patient.

The alæ nasi are likewise subject to a phagadenick ulcer, which proceeds with pain, and a fetid discharge, to the entire destruction of the part; sometimes the septum narium is totally destroyed, and by the loss of this cartilage, an incurable and afflicting species of deformity is entailed upon the unhappy sufferer.

CASE XIV.

Thomas Jelfs aged eighteen years, came with a governor's letter to the Lock Hos-

præter labia ulcerata, inflata, nigra, tumida, plumbea, dura, carcinomatis instar, etiam bubonem venereum in inguine habebat, &c.
Lib. XIV. Obs. 2.

pital,

pital, April 19, 1792. He gave the following account of himself: About six years before, a small pimple came on the inner part of the right nostril; which he frequently tore away with his nail, until at length it ulcerated: the sore then quickly spread through the septum narium to the left nostril, and descended upon the upper lip. He was at that time ordered to wash it with a decoction of hemlock, by which its progress was checked; and he thought himself cured. Soon after laying aside the lotion, the ulcer appeared again, and extended its ravages over both the *alæ nasi*, ascended up to the internal angle of the right eye, and eroded the whole surface of the upper lip. He had again recourse to the decoction of hemlock, and went to bathe in the sea; but although the progress of the ulcer was abated by these means, the sore would not heal. On his return to London, he employed various medicines, and external applications, besides a complete course of mercury, but with very little benefit. At the time of his admission into the hospital, the extremity of the nose, the *alæ nasi*, and the greater part
of

of the septum narium were destroyed; the surface of the upper lip was ulcerated, and the sore was spreading upon the cheeks. He had however suffered very little pain, from the first attack of this disorder. As it was evidently unconnected with the venereal virus, I directed that it should be treated as a case of elephantiasis, and in about four months, the sores were healed¹.

When such an ulceration is the effect of the lues venerea, other secondary symptoms of that disease may generally be detected at the same time: these concomitant appearances, or the previous history of the case, can alone enable us to decide that the ulcer is venereal; a mere inspection of it will never be sufficient for the purpose. When the sore arises from the elephantiasis, it is not accompanied with the same degree of pain as in the lues, except it be exasperated by applications of too acrid a nature.

¹ Sarsaparilla, guaiacum, peruvian bark, &c. have been commonly prescribed for more than two centuries in such disorders as I have now described; and where the disease is not cancerous, these medicines will frequently cure. De Haen however persuaded himself, that peruvian bark would cure a Cancer.

I need not observe, that mercury is the remedy against the venereal ulcer: in that which is a symptom of the elephantiasis, I have found, that a strong decoction of the lignum guaiaci applied to the part; and that the common decoction of the woods, or the compound decoction of sarsaparilla, taken internally, along with Plummer's pill, seldom fail of curing the disease¹. It is sometimes advisable to dress the sore with a weak solution of the lunar caustick; but all greasy applications must be carefully avoided.

2. OF THE CANCER OF THE PENIS.

A WART, or a tubercle, on the prepu-tium, the frænum, or the glans penis, is generally the first sensible character of a cancerous affection of the penis². This morbid appearance is frequently observed to remain in a quiescent state, during many years; but when from the application of

¹ In the *Observat. Med. Chirurg. Petri de Marchettis*, we are told that the unguentum ex cerussa will cure a Cancer of the nose. P. 43.

² Fabricius Hild. Cent. III. Obs. 88.

Reghellini Osservazioni Medici, E. Chirurgici

Warner's Cases in Surgery. Case 49.

any irritating substance, it becomes painful, then it also begins to increase in bulk, and sometimes arrives at an enormous degree of magnitude in a very moderate space of time. The state of augmentation is generally accompanied with ulceration, and with a discharge of fetid, sanious matter; when the cancerous ulcer is of long duration, it frequently penetrates into the urethra, hence, fistulous openings are produced, through which the urine escapes, and thus a new source of irritation arises, from which the disease is aggravated. The morbid affection is also very often propagated to the absorbing glands of the groin, and to those above the ossa pubis.

Before the venereal disease was known, the diagnosis of a Cancer in this part was not involved in so much difficulty, as it must necessarily be at the present day; for as excrescences of various characters frequently arise from the venereal contagion, it becomes in many cases, extremely difficult to discriminate between them, and those which are truly cancerous.

If

If the presence of warty excrescences upon this part, primarily arising from the action of the venereal poison, always indicated the actual existence of the lues, we should be able in almost every case, to ascertain the true nature of such appearances; but as warts of a very different aspect may remain, long after the extinction of the virus that produced them; as they may in the same circumstances enlarge, ulcerate, discharge a fetid, bloody fluid, and occasion a variety of very disagreeable symptoms, the utmost attention and sagacity of the surgeon will be sometimes required, in order to form a correct judgement respecting them. I am sensible of the difficulty of delivering such criteria as will effectually preclude all danger of a mistake: but the following observations may probably assist the young practitioner; and will, I hope, excite the more experienced to improve and perfect them.

The basis of a venereal wart is smaller than its surface; the roots have rather a superficial attachment; and if the intermediate parts can be seen, they commonly retain their natural appearance. Cancerous excrescences have a broad base, often more

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extensive than their superficies; they seem to germinate deeply from within, or rather to be a continuation of the substance of the part; and in their progressive state the contiguous surface has a morbid appearance. When a venereal wart is removed by the knife, and a very small portion of the substance of the part below the surface has been taken away along with it, the appearance of the wound is similar to that of a wound made in a healthy part; but where the wart is cancerous, the alteration of structure descends much deeper. The increased bulk of the penis, when the complaint proceeds from a venereal taint, is evidently owing to the number and magnitude of the excrescences; and as soon as these superfluous productions are removed, the part is restored to its natural condition: but the Cancer is accompanied with an alteration of the internal structure, and an addition of substance to the part itself¹; so that no partial extirpation of the morbid appearances is followed by the least benefit to the patient.

¹ The observations which Mr. Pott has delivered on the distinction between the benign and cancerous polypus of the nose, and Mr. Earle's remarks on mariscæ, and cancerous tubercles of the rectum, merit particular consideration.

Painful, spreading, and gangrenous ulcers of the penis, have been noted by the earliest writers¹; and since the appearance of the venereal disease, ill-conditioned sores of that part very often remain after a proper course of mercury, and constitute one of the most troublesome and stubborn complaints that the surgeon has to contend with. Both these species of ulcers however, are totally different from the cancerous affection; nor indeed do I believe that an ulcer is ever the primary symptom of a Cancer of the penis. Astruc², and some other writers on the venereal disease, have described chancres when attended with induration, and some other untoward symptoms, as cancerous ulcers; and they represent both cancerous chancres, and cancerous buboes, as frequent occurrences.

A late writer³ has advanced a very singular theory upon this point; viz.

¹ A. Corn, Celsus, de Obscœnarum Partium Vitijs, Lib. iv. Cap. xviii.

² Book III. Chap. vi.

³ An Account of the Methods pursued in the Treatment of Cancerous and Scirrhus Disorders, &c. By J. O. Justamod, p. 95, &c.

“ That the cancerous ulcer succeeding to a
 “ venereal infection, is both independent of
 “ the original disease, and connected with
 “ it. Independent with respect to the mode
 “ of treatment, and yet connected with it
 “ so far as to imply that the original virus
 “ is not destroyed, but still exists in the
 “ habit.” If therefore credit be given to
 this author, we must believe that the ve-
 nereal poison can produce the cancerous
 state in a chancre, without destroying the
 original character of the sore; so that the
 new ulcer shall be an equivocal sort of being,
 possessed of two different natures, which
 though apparently combined, yet each re-
 taining its distinct principle of individuation.
 These hypothetical paradoxes may surprise
 and entertain, but I suspect they have no
 foundation in the reality of nature. I have seen
 a considerable number of such cases as Mr.
 Justamond has described, where the corpora
 cavernosa penis, and the corpus spongiosum
 urethræ have been extensively destroyed
 by a painful sloughing ulcer; yet by far
 the greater number of these yielded to
 the use of bark, sarsaparilla, and other
 tonick

tonick medicines, joined with a good diet, and country air. When large venereal ulcers resist the usual modes of treatment, and continue to spread, during a mercurial course, they frequently produce a morbid alteration throughout the whole substance of the penis. The integuments as far as the ossa pubis, acquire a dark red hue; the cellular membrane loses its mobility, and the part becomes unnaturally solid and inelastick, as if the different substances which compose it were blended into one mass. If the ulcer shall then spread to the corpora cavernosa penis, the morbid state in which they are, will prove favourable to its progress, and it will quickly spread from cell to cell with uncontrollable fury, till the whole projecting portion of the penis be consumed¹. The ulceration very rarely proceeds beyond the symphysis of the ossa pubis; but whenever it does extend farther, the patient seldom recovers. When this ulcer is surrounded with livid and unequal edges, it makes a very rapid progress, and is

¹ Utque malum late solet immedicabile Cancer

Serpere, et illæsas vitiatis addere partes;—*P. Ovid. Metam.*

attended with a sense of ardent pain which the largest doses of opium can scarcely soothe; and is also liable to frequent hæmorrhages. In other cases, the ulcer is more slow and indolent in its destructive course; a peculiar hardness and a discolouration of the skin may then be observed to the distance of half an inch or a little more round the edge of the sore, which always indicates a morbid alteration in the substance below: and as far as this appearance extends, the subjacent parts are marked for destruction.

The mode in which these gangrenous ulcers proceed is extremely different from the course of a Cancer; for in the latter case, the diseased part remains connected with the sound part, making the mass of substance greater than natural: whereas in the former, the body of the penis is progressively destroyed. I am not sure that any particular mode of treatment, will fulfil the wishes either of the patient, or the surgeon; the methods which have been already noticed, seem to do more service than any other that I have employed: the acutely painful sore will be irritated by the mildest applica-

applications: but I have seen the carrot poultice, and the fermenting cataplasm, of some utility when applied to the more indolent ulcer.

SECTION IX.

OF THE AMPUTATION OF THE PENIS.

THE old method of removing the penis by a ligature is now deservedly exploded; it is therefore unnecessary to offer proofs, that the operation may be more conveniently performed with the knife. But as different modes of performing the amputation of this part have been adopted by able surgeons, I now propose to communicate such remarks as have been suggested to me by my own experience. When the expediency of amputating a diseased penis is decided upon*, the attention should be particularly directed to the following points:

1. To make the incision in a sound part.
2. To prevent a redundance of the common integuments.

* *Cuncta prius tentanda: sed immedicabile vulnus
Ense recidendum; ne pars sincera trahatur.*

P. Ovidii Metamorph. Lib. i.

3. To restrain the hæmorrhage.

4. To preserve the urethra in a pervious state, and as nearly as possible, of the natural diameter.

1. If the Cancer have extended its ravages below the symphysis of the ossa pubis; or if the inguinal glands be contaminated; the impropriety of performing the operation is too obvious to be insisted on: as a partial removal of the morbid part would only accelerate the death of the patient.

The penis ought not to be amputated during the spreading state of the gangrenous ulcer mentioned before; and even when the progress of the ulcer appears to be arrested; to make the operation perfectly successful, it will be proper to carry the incision beyond the hard discoloured circle; otherwise the surface of the stump will generally afterwards assume an appearance and character, similar to that of the part from which it has been separated.

2. When

2. When the old method of amputating a limb was practised, the retraction of the integuments, and the projection of the bone, were considered as serious inconveniences; and it is one principal object with modern surgeons, to preserve as much of the integuments as will afford a convenient covering and defence to the stump. But the principles which have been adopted with so much advantage in the amputation of limbs, are not equally applicable in the operation of which I am now treating. 1. One portion of the penis is to remain in the state of an open canal; consequently the projection of the *meatus urinarius* beyond the level of the integuments will be a desirable circumstance¹. 2. The body of the penis being very much disposed to retract within the integuments that are left, a kind of sheath is thus often formed which impedes

¹ Ruysch has recorded a case where the penis was removed by ligature. He concludes his account of the operation with the following remark: "Restitutus jam, per instrumentum, ex ebore confectum lotium reddit; in totum enim pars penis relicta in abdomen retracta est." *Obs. Chirurg.* xxx.

There will be very seldom a necessity to employ such a canula afterwards, when the redundant skin has been properly removed.

the free exit of the urine; and becomes a cause of farther uneasiness, by occasionally retaining a portion of that fluid within its cavity, till at length ulcerations are produced by the urine that lodges within it. To guard against these inconveniencies, I direct my assistant to grasp the urethra immediately below the scrotum; to push the penis as forward as he is able, and to retain it in that position. I then draw forward the skin as much as possible¹, and secure it from slipping back again by passing a piece of very narrow tape two or three times round the penis. If the penis can be held steadily in the perinæum, it may be removed by one circular stroke of the scalpel: but it will be sometimes advisable to divide the corpora

¹ Mr. Le Dran in his *Traité des Operations*, &c. p. 206, makes the following remarks: “Comme la peau de la verge est très lâche & plus longue que les corps caverneux, je la tire du côté du gland, afin d’en couper plus que de ces corps, parce que dès que l’opération est faite, ce qui reste de ces corps se retire vers leur point fixe qui est sous l’os pubis.”

It is rather extraordinary, that Mr. Warner has paid no attention to this circumstance in his description of the operation; for he performed it by the double incision; which he seems to have adopted with the same intentions that he would have employed it for in the amputation of a limb. Mr. Bell also directs the skin to be “drawn back by an assistant.”—*Warner’s Cases in Surgery*.—*Bell’s Surgery*, Vol. I.

cavernosa

cavernosa first, and to secure the arteries that bleed, before the urethra be divided.

3. When the penis has been long in a diseased state, the arteries with which it is furnished are often larger than natural. I have seen them project so far beyond the surface of the corpora cavernosa, that they could be easily included in a ligature without the assistance of any instrument. But where this is not the case, it will be advisable to employ the tenaculum rather than the needle and ligature; for the passing of the needle through parts of a cellular structure, will frequently produce a troublesome oozing of blood. We are seldom obliged to tie more than three arteries in the body of the penis, and sometimes one or two in the integuments.

4. It has been a custom with many surgeons to introduce a canula into the urethra after the operation¹; however I cannot but disapprove of this practice. The foreign body generally occasions a good deal of

¹ Le Dran, Traité des Operations de Chirurgie.

pain; and by exciting spasmodick and expulsive efforts of the urinary canal, will frequently produce a subsequent hæmorrhage. Besides, this precaution is quite unnecessary; for the stream of urine is almost always sufficient to preserve the urethra in a permeable state: and if during the healing state of the wound, there should be a tendency to a contraction of the meatus urinæ, (a circumstance which I never saw but once¹) it may be easily remedied by the timely use of bougies.

The testicles should always be supported by a suspensory bandage until the wound be perfectly healed.

SECTION X.

OF THE CANCER OF THE UTERUS.

IT hath been very justly remarked by M. Le Dran, "that as the uterus is contained in the hypogastrick region, we have not an opportunity of becoming acquainted with the particular changes that take place

¹ M. Le Dran has mentioned an accident of this kind which happened a few hours after the operation. *Lec. Citat.*

in this organ at the commencement of the disease; nor is it usually in our power to inspect the condition of this part till after the death of the patient, and when the complaint is in a very advanced state¹. The only way in which we can acquire a knowledge of the morbid alteration, is by an examination per vaginam; and we generally find upon such an inquisition, that the os uteri is indurated, and surrounded with a fungous substance, which protrudes more or less into the vagina: ulcers of different degrees of profundity are also discovered, which commonly discharge a fetid sanies; sometimes indeed the discharge is not offensive, but not uncommonly pure blood is evacuated². We may also meet with indura-

¹ As the great Morgagni examined a considerable number of diseased uteri, it is to be regrétted that he has left us such an imperfect history of their morbid appearances. “Scirrhorum uteri origines, sive primordia, non semel tum interius, tum exterius viddisse me, credo.” He then informs his readers, that he has often found tubercles of different colours on the surface of the uterus; and that he sometimes met with ulcers and excrescences.

De Sedibus & Caus. Morb. Lib. III. Ep. xxxix. Art. 36.

In the 33 article, he has given us the appearances of a Cancer of the uterus.

Petrus Forestus de Mulierum Morbis, Lib. xxviii,

? Ruysch, Observ. Anat. Chirurg. Cap. xiii,

tions and excrescences about the superior part of the vagina, connected with those that come from the uterus; and these morbid alterations, with the pains that accompany them, may be regarded as proofs that the disease is cancerous¹."

When the disease has existed for a considerable length of time, the vagina generally deviates remarkably from its natural state. It is sometimes found hard and smooth like cartilage, and seems to have lost its elastick and rugose structure; in some cases, there is a sort of stricture formed towards the upper part of it like a cartilaginous ring; and upon other occasions, it is uniformly contracted, hard and fissured from the os externum to the uterus. The cancer uteri is generally accompanied with some degree of the ischuria vesicalis; the patient voids her urine with pain and difficulty; or she is perhaps distressed with an urgent dysuria: under which circumstances, the urine is sometimes of a natural

¹ Memoires de l'Acad. Royale de Chirurgie. Tom, III.
Traité des Operations, p. 386.

colour; but more commonly it is turbid, and deposits a slimy sediment ¹.

As the situation of the affected part will not permit the removal of the disease by an operation, there is very little difference of opinion among men of skill and probity, with respect to the prognosis, or to the mode of treating it ². The patient will derive some advantage as to her general health, by taking the decoction of sarsaparilla with milk, and by drinking plentifully of mild diluting liquors: and the pain and strangury may be often alleviated, by peruvian bark joined with cicuta and opium. Injections made of a decoction of the leaves of cicuta; or of a solution of opium in milk; or of the vegeto-mineral water, in which opium or extract of hemlock is dissolved, may be employed several times a day, to wash away the acrid discharge, and mitigate the more distressing symptoms. During severe pa-

¹ Morgagni de Sed. & Caus. Morb. Epist. xxxix. Art. 33.

² —Scirrhis esse uterum suis cum appendicibus maxime obnoxium, morbo perdifficili, nisi cito cognoscas; insanabili, si in cancrum degeneraverit.

Morgagni, Epist. xxxix. Art. 35.

roxysms of pain, a mild enema with a teaspoonful or two of laudanum in it, will be found very useful¹.

It is not the part of a humane practitioner to abandon a patient when the case becomes hopeless; for he will frequently be able to soothe the miseries which he cannot remove. The kind exertions of enlightened benevolence, by suspending the tortures of an inexorable disease, may also smooth the avenues of death, and bestow upon the devoted victim a most desirable *euthanasia*².

In the year 1787, after reading M. Pouteau's posthumous works, and in conse-

¹ Mihi quidem sæpius visa est, quam voluissem, quippe non modo insanabilis, sed levamen vix aliquod in nonnullis admit- tens, in quibus opinor, vaginam magis afficiebat; hæ namque, paucis unciis recentis lactis, in quo pauxillum solutum esset compositionis alicujus opium habentis, in rectum intestinum sub noctem injectis, brevem quidem, sed optatissimam quietem capi- ebant. Ex iis tamen quædam fuit, cui prima nocte nihil id pro- fuit, sed postridie, idque constanter.

Morgagni de Sed. & Caus. Morb. Ep. XLVII. Art. 25.

² Etiam plane censeo ad officium medici pertinere, non tantum ut sanitatem restituat; verum etiam ut dolores et cruciatus morborum mitiget: neque ad ipsum solummodo, cum illa miti- gatio doloris veluti symptomatis periculosi, ad convalescentiam faciat et conducat; imo vero cum abjecta prorsus omni sanitatis spe, excessum tantum præbeat e vita magis lenem et placidum.

Bacon. de Augmentis Scientiarum, Lib. IV. Cap. II.

quence

quence of a conversation with Dr. Garthshore, on some of the notions published by that eccentric writer, I determined to embrace the first favourable opportunity of trying the effects of an aqueous diet in the cancer uteri¹. But my professional brethren will hear me complain without much surprise, that out of several patients to whom I recommended so rigorous an abstinence, I only succeeded with one, in obtaining a strict and resolute adherence to my directions.

CASE XV.

Mrs. B. aged twenty-six years, of a fair complexion, had been married about seven years: the catamenia had flowed regularly; and she had never been pregnant. For two years she had complained of wandering pains about the loins and pelvis; these pains became sometimes so acute in the loins, that she was supposed to have a stone in the kidney; and when they were about the region of the bladder, she had a difficulty of making water, and symptoms resembling those which sometimes occur in calculous

¹ Principles of Surgery, §. ccclxxxvi. p. 253.

cases. When I first saw her, (in December, 1787) she was afflicted with severe and almost constant pain in the loins and about the hypogastrick region, so that she could scarcely walk, or raise her body erect, without greatly aggravating her uneasiness: she was frequently urged to void her urine, which was evacuated in small quantities at a time, with pain and difficulty. The urine was however of the natural appearance. She was generally costive, complained of great pain on going to stool, and had a sensation, as if the rectum were obstructed by a tumour. The long duration and the severity of the disease had greatly injured her health; she was much emaciated, had a quick pulse, little appetite, with many other symptoms of a hectic state. As there had been some reason to suspect that she had a stone in the bladder, I was desired to examine it with a sound; but on attempting to introduce the instrument, I found the urethra deviating from its natural direction, and a considerable obstruction about the neck of the bladder. I therefore examined the state of the uterus, which I found hard, immovable, and so much enlarged that it filled up the superior

superior part of the vagina: it was also retroverted, the os uteri pressing against the bladder, and the fundus uteri compressing the rectum. This morbid state of the parts, clearly pointed out the source of many of those symptoms which had been referred to another cause; whence it is almost needless to add, that no stone was found in the bladder. As it therefore now appeared, that her complaints were derived from a diseased state of the uterus, I proposed the following plan for her relief, to which she cheerfully submitted.

She was desired to abstain entirely from animal food; to take weak broth for dinner, and to drink plentifully of tea, at any part of the day. If much uneasiness or pain were felt in the stomach, she was permitted to allay it with a morsel of bread. She was also directed to take twenty drops of laudanum, whenever the pain became violent about the hypogastrium. When she had adhered strictly to this **plan** during fourteen days, she was upon the whole easier; her health was amended; and she had every encouragement to persevere. I

now prohibited the use of bread and broth; and confined her to tea without milk, to barley water, and toast and water. She was ordered to take an opening medicine once in three or four days, and to continue the laudanum when the severity of pain should require it. At the end of twenty-eight days, she was so much easier, that she had no farther occasion for opium. Her health was almost restored; she complained of no pain on emptying the bladder or rectum, and she had an unusual discharge of the fluor albus. On examination, I found that the uterus was restored to its natural situation; it was considerably diminished in bulk, but remained preternaturally hard. She persevered one week longer, and then gradually returned to her usual mode of living. Her strength, and the appearance of her countenance, had scarcely suffered from this low course of regimen¹: I advised her to

* Quid mirandum æque memorem, super omnia victum
 Quam tenuem, quam magna sibi jejunia poscant?
 Quippe solet satis esse, ipsum dum corpus alatur:
 Dum superet vita, et tantum ne membra fatiscant.
 Ne tamen ah! ne tanta time, sacer ilicet haustus
 Ille modo Ambrosiæ, vires reficitque fovetque,
 Inque occulta gerit jejunis pabula membris;— *Fracastorius.*

go into the country; from whence she returned two months afterwards, in perfect health. It may be proper to observe, that she was confined to her bed during the whole of this process, and generally took about five or six pints of fluid in the course of twenty-four hours.

Mrs. B. continued perfectly well during two years; she then applied to me on account of some pains which she felt about the pelvis, resembling those she had formerly suffered; her health was visibly declining, and she expressed apprehensions that she was relapsing into her former condition. On examining the uterus, I found that it was nearly of the natural bulk, and pendulous; the cervix uteri seemed to be elongated, and was impenetrably hard. I advised her to adopt the same mode of treatment which she had found so happily successful in the year 1787; she complied with my directions, and adhered strictly to them during three weeks. As she was then perfectly easy, I could not persuade her to protract her abstinence any longer, and she returned without

out permission to the use of her common food. Her complaints however were quite gone, and as I have not since heard from her, I suppose she continues well'.

I know that young women may have diseases of the uterus, of a very different nature from that of the Cancer; and it is by no means my intention to exhibit this case as a specimen of a successful mode of treating that dangerous complaint. But whatever may be the appellation which professional gentlemen may assign, to the history I have related; it must be granted, that by this peculiar mode of treatment, she was delivered from a disease which seemed to be advancing with a rapid progress to a fatal termination.

Since these papers were sent to the press, I have been consulted by a gentlewoman aged thirty-four years, who laboured under a disease of the uterus, accompanied with dysuria vesicalis, nearly resembling that which I have described above. She had employed a great variety of different medicines during several months; but without deriving any advantage from them. I advised abstinence, the occasional use of laudanum, and the diluting plan, which had succeeded so well in M.s. B's. case: after adhering strictly to my directions during a month, my patient found herself so perfectly free from her former complaints, that contrary to my desire, she returned to her former mode of living.

SECTION XI.

OF THE ULCERATION OF THE UTERUS FROM THE
VENEREAL POISON.

“ THE CANCER OF THE UTERUS OUGHT TO BE DIS-
“ TINGUISHED FROM A PARTICULAR AFFECTION
“ OF THAT ORGAN IN CONSEQUENCE OF THE
“ LUES VENEREA.” *Principles of Surgery*, §. 357.

IT is my intention to describe a disease in this present section, which is not I believe generally known, nor sufficiently understood.

Women who are exposed to the contagion of venereal matter, generally perceive its first effects upon the external parts of generation; but this position is not without exception, for the uterus may be the first and the only part contaminated. When this is the case, the primary symptoms produced by the virus, are a sense of great heat, and darting pungent pains about the uterus; but these are not always accompanied with a puriform discharge, nor is the fluor albus necessarily increased by this affection.

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Those unhappy women who have this peculiar affection of the uterus, and who live in the habit of promiscuous intercourse with men, generally discover the nature of their complaint, by having very undesignedly communicated the disease to some of their associates in this illicit commerce; for as they are commonly free from any external characters of a venereal taint, they can only acquire a knowledge of their own condition, from the injury they do to the other sex. They also complain of suffering very acute pain at the superior part of the vagina *in congressu*: this act is likewise frequently attended with the discharge of a fluid tinged with blood; and sometimes pure blood is evacuated. When men are infected by women in this peculiar condition, a chancre is commonly the first symptom of the disease. When the uterus is examined, it seems to be rather enlarged, and excites the sensation of preternatural heat; considerable uneasiness will be produced even by gentle pressure; and small ulcers may be distinctly perceived about the os uteri. The disease may continue in this state during

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many

many months, without producing any secondary symptoms of the lues; but the health of the patient gradually declines, and she sometimes becomes hectic.

In every case of this kind that I have yet met with, the uterus retained its natural pendulous state; there was no eversion, nor remarkable dilatation of the os uteri; the ulcers were smooth and even; there were no fungi, nor any unnatural alteration in the structure of the vagina: the pain attending this form of the disease, was neither constant nor acute. The venereal ulcers of the uterus yield to the same mode of treatment that is generally employed for the lues venerea.

Although this complaint differs in so many respects from the cancer uteri, yet it is probable that the two diseases have been sometimes confounded. And I would beg leave to suggest, that in many of those *cancers of the womb*, in which certain alterative medicines are said to have produced such

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wonderful effects, the success of the treatment may perhaps be accounted for, by supposing that the nature of the disease was mistaken.

Solus veritatis amor, et communis utilitatis studium, ad has partes suscipiendas impulerunt. Quid, quantumque hoc meum sit, prudentis ac boni viri judicium esto; mihi satis superque erit, illud, et publicæ utilitati consecrasse. *Baglivi.*

T H E E N D.





